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ABSTRACT

This index, containing 450 abstracts on human services, is published quarterly to make available a broad range of documents to those responsible for the planning, management, and delivery of human services. The entries are arranged alphabetically by title and indexed by subject matter. Each entry includes the title, order number, source, price, and abstract. Some representative subject areas are as follow: abused children, administration of human services delivery, administrative linkage methods, adoption-related services, agency/community relationship techniques, client intake, consumer access to services, data/information needed for planning, diagnostic services, the elderly, evaluation methodology, federal grants/funds for human services, health services, measurement/forecasting and needs assessment methodology, the mentally disadvantaged, neglected children, organizational/administrative arrangement of human services delivery, state human service agencies, and types of services. (EM)

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Journal of Human Services Abstracts

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A National Clearinghouse for Improving the Management of Human Services

PREFACE

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by PROJECT SHARE, a Clearinghouse for Improving the Management of Human Services. PROJECT SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. PROJECT SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, HEW, by Aspen Systems Corporation.

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The *Journal of Human Services Abstracts* is divided into two parts: an index and the abstracts themselves arranged in alphabetical order by title. The index provides easy access to the abstracts by major subject category. After each of these categories in the index will come a series of numbers. These numbers correspond to the sequential numbers assigned to the abstracts that are relevant to that index category. These are *not* to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

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As can be seen, one document is relevant to at least three of the subject categories—abstract number 320.

(Sequential abstract no.) **320.**

Computing Technology and Information Management Policy
Richard D. Hackathorn.
California University, Irvine. Public Policy Research Organization.
Sep 74, 136p Executive Summary Available from PROJECT SHARE.

(Order number)

PB-245 690 Available from NTIS, PC $6.00/MF$3.00.

In the above example, we see that abstract 320 is entitled *Computing Technology and Information Management Policy*, that the report was published in September 1974, that it is 136 pages long, and that it costs $6.00 for a paper copy (PC) and $3.00 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document was available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10-page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Rockville, MD 20852
(301) 468-2442

abstracts

301. *Achieving Accountability in the Delivery of Human Services by Means of: Case Management, Service Provision Reporting, Service Outcome Assessment. Volume 11.*
Dolores Delahanty, Jeanne Frank, Linda Newcome and Mary Jane Sharaba.
Human Services Coordination Alliance, Inc., Louisville, Ky.
1977, 124p Executive Summary available from PROJECT SHARE.
SHR-0001968 Available from Human Services Coordination Alliance, 916 Brown Education Center, 675 River City Mall, Louisville, KY 40202.

The eleventh volume of a 12-volume series published by the Human Services Coordination Alliance (HSCA) describes a model response to the need for coordination in delivery of services in Louisville and Jefferson County, Kentucky. The introduction of a case management system into a community requires considerable preparation. Case management should follow the installation of intake, screening, and referral procedures, since case management requires the prior existence of some established mechanism for making referrals and for capturing feedback. The tools to be used in case management are illustrated: family profile form, problem assessment worksheet, service selection manual, resource file, service plan, client referral plan, client referral plan postcards, service transaction tickets. notification of no show, case management service report, case management summary report, and automated case management files. An appendix gives complete instructions for completing all of the forms used in the HSCA model. Service provision reporting presents management and planning information to decisionmakers in agencies and local government for their use in meeting State and Federal reporting requirements. Samples of the reporting forms used are shown. After clients have evaluated the service and budget costs have been determined, a service outcome assessment is made to analyze the information. Included is a checklist of work activities to be completed prior to the installation of an accountability system and an appendix gives complete instructions for completing all of the forms used in the HSCA model. See also in the HSCA series Volumes 1-10, SHR-0001643—SHR-0001652; Volume 12, SHR-0001969.

302. *Administrative Justice in Social Welfare Programs.*
George Hoshino.
Minnesota Univ., Minneapolis. School of Social Work.
May 75, 10p
SHR-0001329 Available from National Conference on Social Welfare, 22 West Gay St., Columbus, OH 43215.

Reconciling the need of professionals in service organizations to exercise judgment and discretion (administrative justice) with the need to protect the rights of individuals served by organizations is explored. A distinction is made between administrative justice and the broad and abstract concept of social justice. Primary emphasis is placed on the administration of social legislation which characteristically and necessarily delegates a significant amount of discretion to agencies and staff responsible for administering programs. The importance of administrative justice in the planning, organization, and delivery of social welfare services and in the training of professionals is stressed. The authority to ration services in relation to demand is examined. It is pointed out that inherent in the authority or power to ration is the power to exercise discretion. Examples are cited to illustrate the problem of reconciling discretion with individual rights. The safeguarding of individual rights is discussed. A list of reference notes is included. Presented at the National Conference on Social Welfare, San Francisco, May 12, 1975.

303. *Adoption-Related Literature.*
Robert J. Ambrosino, Charles C. Bradley and Bobbi L. Kamil.
Welfare Research, Inc., Albany, N.Y.
May 76, 137p

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SHR-0001984 Available from NTIS, PC $7.25/MF $3.00

This annotated bilbiography of literature on adoption was prepared in connection with the Model State Adoption Payment System Project by Welfare Research, Inc. Included are books, journal articles, and unpublished materials covering the period between 1960 and 1976. Because the bibliography is primarily intended for the working professional, entries are grouped into nine functional components pertaining to adoption: services to biological parents, services to legally free the child, preplacement planning, recruitment, home study and evaluation, placement planning, postadoption services and supervision, adoption subsidy, and training. Other bibliographic entries are included in a program cost/agency management section and a general reference section.

304. *Analysis of Welfare Program Administration in Colorado: A Case for Administrative Centralization at the State Level.*
Raymond Anthony Shapek.
Colorado Univ., Boulder. Dept. of Political Science.
1971, 387p
SHR-0002182 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Welfare program administration in Colorado is evaluated, and a solution to administrative problems and financial difficulties encountered by the State's 58 county-administered public welfare departments is proposed. The thesis of the report is: many Colorado counties are experiencing financial difficulties in funding their portion of the welfare burden as well as other administrative problems, thus the entire administrative process can best be facilitated by placing the welfare program responsibilities with State administration rather than local (county) administration. Indepth interviews with county and State administrative personnel and a questionnaire sent to the public welfare department directors of all 58 counties provided information for the research effort. County welfare program administration and county organization are assessed, and the organization and statutory authority of Colorado's Department of Social Services as related to welfare program supervision are detailed. Characteristics unique to certain Colorado counties and the growing cost of welfare programs which has forced certain counties to rely on emergency fund assistance from the State are examined. It is demonstrated that State assumption of administrative responsibility and funding for welfare programs may be necessary and beneficial. A bibliography is provided, and additional information on the research effort and the questionnaire instrument are appended. Submitted in partial fulfillment for the degree of Doctor of Philosophy.

305. *Approach to the Evaluation of Planning.*
Texas Univ. at Arlington, Inst. of Urban Studies.
Oct 75, 101p
PB-259 677 Available from NTIS, PC $6.50/MF $3.00

An approach to the evaluation of planning activities, undertaken by program managers and project officers in DHEW Region VI, centered in Dallas, Texas, focuses on the evaluation of organizational efficency through a framework for ascertaining the knowledge and use of planning by program managers and project officers. Planning is assumed to be an essential managerial function or activity. The premise tested in evaluation is whether planning knowledge can be used as a predictor of performance in carrying out program and project activities. In the evaluation of planning for Region VI, emphasis is placed on knowledge that is essential for effective job performance; the benefits of planning knowledge in terms of increased program efficiency and effectiveness; the DHEW Operational Planning System (OPS), planning models

and techniques for possible application in the region; basic levels of planning; factors involved in testing the feasibility of a plan; information systems; scheduling; financial accounting procedures, management control; and evaluation. It is noted that program planning by DHEW is based on management by objective (MBO) principles embodied in OPS. Particular attention is given to the measurement of dependent and independent variables, data collection, and data analysis as they affect program evaluation in Region VI. Federal legislation affecting Region VI programs is reviewed in an appendix and a bibliography is provided.

306. *Assessing the Quality of Life as People Experience It.*
Frank M. Andrews and Stephen B. Withey.
Michigan Univ., Ann Arbor. Inst. for Social Research.
Aug 74, 28p
SHR-0001261 Available from NTIS, PC $4.50/MF $3.00

An overview of a project concerned with the development of social indicators of perceived well-being is presented. Goals of the project were to: identify major concerns of Americans relevant to perceptions of well-being; develop ways to measure people's affective evaluations of these concerns and assess the validity of the resulting measures; explore and map the structure with which people perceive concerns; and account for people's sense of well-being on the basis of their evaluations of specific concerns. Information was obtained from a national sample of approximately 5,000 respondents for about 100 specific concerns and 50 global aspects of life quality. Estimates of the validity of evaluations were made using multitrait-multimethod data and structural equations. The conceptual model guiding the project was based on the hypothesis that there is a set of criteria or values by which an individual evaluates different domains in his or her life. It appeared that perceptions of well-being are what evaluations of specific life concerns predict with a high degree of accuracy and that they predict other 'global' aspects much less well if at all. A list of references, supporting tabular and graphic data, and a list of items used to assess affective responses to specific concerns are included. Portions of this document are not fully legible. Presented at Annual Convention of the American Sociological Association, Montreal, August, 1974.

307. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Development of Productivity Measurement Systems for State Government, Office of the Governor, State of Washington.*
Ann V. Kraetzer.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 32p Executive Summary available from PROJECT SHARE.
SHR-0002111 Available from NTIS, PC $4.50/MF $3.00

Evaluation practices of a project to develop productivity measurement systems for State government are examined. Funded by the National Science Foundation, the project is administered by the Office of the Governor in the State of Washington. Efforts to increase the efficiency and effectiveness of State agencies have included the establishment of a technology transfer center, the pilot testing of a Total Performance Measurement System, a survey of employee communication patterns, expansion of the Employee Suggestion Awards Program, the conduct of work measurement seminars, efforts devoted to labor relations issues and problems, and the development of performance measurement techniques for social service programs. The project is divided into two separate evaluation activities, the development of a quality of care index for nursing homes and a test of the effectiveness of specialized training for foster care placement counselors. Funding for the project's first year totaled $169,101, and funding

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for the following year was $250,000. Case examples of the project's client-oriented evaluation methodology involving foster care placement and nursing homes are detailed. Graphic illustrations of the project's organization and additional information on the case studies are appended. See also companion documents, SHR-0002103—SHR-0002110, SHR-0002112.

308. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Joint Legislative Audit and Review Commission, Commonwealth of Virginia.*
Ann V. Kraetzer.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 37p Executive Summary available from PROJECT SHARE.
SHR-0002107 Available from NTIS, PC $4.50/MF $3.00

Evaluation practices of the Virginia Joint Legislative Audit and Review Commission (JLARC) are described. The JLARC is a 12-member bipartisan commission representing both chambers of the Virginia General Assembly. It is authorized to conduct performance studies of State agencies and to make its findings and recommendations available for use in legislative and appropriations decisionmaking. In its first year of operation, the JLARC expended $257,491, and the appropriation for fiscal year 1976-1977 was $455,600. For fiscal year 1977-1978, the appropriation is $508,500. Any program receiving State appropriations may be evaluated by the JLARC. Since its inception, the commission has completed studies of the State's community college system, drug and alcohol abuse programs, working capital funds, water resource management, and the Virginia Institute of Marine Science. Studies in process since October, 1976, include evaluations of the State's vocational rehabilitation program, maritime resources, land management, medical assistance programs, and the State's air fleet. Case studies involving an evaluation of the community college system and drug abuse programs are detailed. Evaluation issues and evaluation measures for the community college system are listed in an appendix. See also companion documents, SHR-0002103—SHR-0002106, SHR-0002108—SHR-0002112.

309. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Office of Evaluation, Florida Department of Health and Rehabilitative Services, Tallahassee, Florida.*
Gale G. Whiteneck.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 35p Executive Summary available from PROJECT SHARE.
SHR-0002106 Available from NTIS, PC $4.50/MF $3.00

The organizational setting and evaluation activites of the Office of Evaluation within the Florida Department of Health and Rehabilitative Services are discussed. The Office of Evaluation is responsible for coordinating and directing evaluation for the State's integrated human service department. Eight major program divisions comprise the department (retardation, health, mental health, vocational rehabilitation, social and economic services, children's medical services, adult and aging services, and youth services), and its total budget is about $1 billion. The evaluation system being developed by the Office of Evaluation has two essential strategies: (1) a procedure for identifying programs to be evaluated, prioritizing them, and developing an evaluation plan; and (2) a team approach to evaluation. Three ultimate goals of evaluation are to assess the effectiveness of programs in achieving their intended objectives, to measure or estimate the impact of programs on clients and communities, and to assess the efficiency with which programs deliver services. Program performance, problem-oriented, and experimental evaluative research types of evaluation

are conducted. The basic staff of the evaluation unit consists of a director, two evaluation supervisors, eleven evaluators, and three secretaries. Two detailed case studies involving the evaluation of a vocational training program known as Prison Industries and day care services funded under Title IV-A of the Social Security Act are presented. The organization of the Florida Department of Health and Rehabilitative Services is graphically illustrated. See also companion documents, SHR-0002103—SHR-0002105, SHR-0002112.

310. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Office of Research and Program Evaluation, Human Resources Administration, New York, New York.*
Louis F. Cicchinelli.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 24p Executive Summary available from PROJECT SHARE.
SHR-0002109 Available from NTIS, PC $4.00/MF $3.00

The organizational setting and evaluation activities of the Office of Research and Program Evaluation within New York City's Human Resources Administration are discussed. The office is responsible for determining the impact of existing and proposed policies on both the administration and its client population and for evaluating member agency programs. Four divisions comprise the office: policy research, community survey, social and economic research, and program evaluation. Some of the studies conducted since the office was established in 1975 deal with day care centers, due process in income maintenance programs, the impact of State rent ceilings in New York City, denied applicants for public assistance, the labor market in New York City, after care referral services, and the Joseph P. Kennedy Day Services. Operations are not based on a specified yearly budget. In addition to a director and four division directors, approximately 20 positions for research assistants, case workers, and income maintenance supervisors are supported. Two case studies involving an evaluation of denied applicants for public assistance and day care are detailed. Difficulties associated with the implementation of evaluation studies and the utilization of findings are examined. See also companion documents, SHR-0002103—SHR-0002108, SHR-0002110—SHR-0002112.

311. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Program Evaluation and Review Division, Texas Department of Public Welfare, Austin, Texas.*
Louis F. Cicchinelli.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 31p Executive Summary available from PROJECT SHARE.
SHR-0002110 Available from NTIS, PC $4.50/MF $3.00

The Program Evaluation and Review Division of the Texas Department of Public Welfare is described in terms of its organizational setting and evaluation activities. The division is a special program evaluation unit directly responsible to two branches of the Texas Department of Public Welfare (financial and social programs and social services). Graphical illustrations of the organizational structure of the social services branch; uses of evaluation at policy, organizational, and programmatic levels of decisionmaking; and the Program Evaluation and Review Division are included. Middle management or organizational-level evaluations are the focus of the division, and efforts are made to minimize two common barriers to evaluation: the threat of evaluation to personnel, and the lack of utility of evaluation results. Most evaluations conducted by the division have concerned protective services; family services; day care, and aged, blind, and disabled services. Skilled evaluators who function as teams to meet the diverse evaluation needs of a complex social service system

are employed. The Texas State Legislature allocates funds to each social service delivery program. Two detailed case studies involving an evaluation of protective services and family services are reported. See also companion documents, SHR-0002103—SHR-0002109, SHR-0002111, SHR-0002112.

312. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Program Evaluation Resource Center, Hennepin County Mental Health Service, Minneapolis, Minnesota.*
Louis F. Cicchinelli.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 51p Executive Summary available from PROJECT SHARE.
SHR-0002112 Available from NTIS, PC $5.25/MF $3.00

Research efforts of the Program Evaluation Resource Center (PERC) at the Hennepin County Mental Health Center in Minneapolis, Minn., are reported. One of the primary functions of the PERC is to disseminate information about the goal attainment scaling model for use in evaluation. The cost of using the model is estimated at $15,000 per year, or approximately 5 percent of the center's budget. Four steps are involved in the goal attainment scale technique: data collection, problem area identification, outcome prediction, and scoring actual outcomes. A sample goal attainment followup guide is included. Case studies involving the application of goal attainment scaling in an adult outpatient program and a crisis intervention center are cited. Potential advantages and disadvantages of goal attainment scaling are enumerated, and its application to other settings is explored. An appendix presents goal attainment scales in tabular form. See also companion documents, SHR-0002103—SHR-0002111.

313. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Program Evaluation Unit, Department of Finance, State of California.*
Ann V. Kraetzer.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 33p Executive Summary available from PROJECT SHARE.
SHR-0002104 Available from NTIS, PC $4.50/MF $3.00

The development, implementation, and evaluation of program effectiveness measurement in the State of California are examined. The Program Evaluation Unit (PEU) of the Department of Finance is the highest level evaluation unit within the State's executive branch. Historical developments in the establishment of the PEU are reviewed. The primary function of the unit is to provide information analysis, alternatives, options, and recommendations upon which to base policy, budgetary, legislative, and organizational decisions. Seven types of studies conducted by the PEU are identified: management reviews, program evaluations, comprehensive reviews, model building, specific problem solving efforts, effectiveness measures development, and policy analysis. Accounting for about 15 percent of the Department of Finance's efforts, the PEU has 44 professional positions and has budgeting, planning, data system, and legislative relationships with other organizational elements in government. Two case studies involving an evaluation of the Medi-Cal Program and the Programming and Budgeting System (PABS) are detailed. It is envisioned that the PEU will be able to direct more studies to broader issues of effectiveness and efficiency in State government as agencies improve their own evaluative capabilities in the performance of control functions. A graphic illustration of the organizational structure of the PEU is appended. See also companion documents, SHR-0002103, SHR-0002105—SHR-0002112.

314. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: Program Evaluation Unit, Michigan Vocational Rehabilitation Service, Lansing, Michigan.*
Gale G. Whiteneck.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 32p Executive Summary available from PROJECT SHARE.
SHR-0002105 Available from NTIS, PC $4.50/MF $3.00

The organizational structure and environment of the program evaluation unit for Michigan's Vocational Rehabilitation Service are described, and evaluation activities of the unit are reported. Events that affected the Michigan Vocational Rehabilitation Service in the late 1960's and created a receptive atmosphere for program evaluation are traced. Two types of studies conducted by the program evaluation unit are noted: (1) followup studies to determine the long-term effectiveness of achieving client employment through rehabilitation services; and (2) studies to estimate the size of the potential population in need of vocational rehabilitation services. Annual costs of the unit are estimated to be less than $50,000. Case studies involving client followup investigations and the evaluation of an experimental Rehabilitation, Intake, Diagnosis, and Assessment for Clients (RIDAC) Program are detailed. The followup studies are good examples of evaluation for program justification. The RIDAC evaluation, on the other hand, is representative of a study designed specifically to provide information for administrative decisionmaking. The followup study instrument is appended. See also companion documents, SHR-0002103, SHR-0002104, SHR-0002106—SHR-0002112.

315. *Assessment of State and Local Government Evaluation Practices. An Evaluation Unit Profile: San Diego County Office of Program Evaluation.*
Gale G. Whiteneck.
Denver Univ., Colo. Center for Social Research and Development.
Mar 77, 33p Executive Summary available from PROJECT SHARE.
SHR-0002108 Available from NTIS, PC $4.50/MF $3.00

Evaluation practices of the Office of Program Evaluation for San Diego County, Calif., are reported. The Office of Program Evaluation is directly responsible to the County Board of Supervisors and the county's chief administrative officer. It evaluates the effectiveness and efficiency of any of the county's programs, as directed by the board. The majority of programs evaluated have been in the human service area. Such programs include food stamps, alcoholism treatment, general relief, and Head Start. Other evaluations have dealt with facilities leasing and personnel policies. A major effort of the office has been devoted to an evaluation of the Aid to Families with Dependent Children Program. The annual budget of the office is about $400,000. Since the range of programs it evaluates is broad, staff members are hired for specific analytical and evaluative skills rather than for program experience. Two detailed case studies involving an evaluation of the county's Food Stamp Program and Alcohol Detoxification Program are presented. It is felt that the evaluation process in San Diego County has potential for use in other settings. See also companion documents, SHR-0002103—SHR-0002107, SHR-0002109—SHR-0002112.

316. *Assessment of State and Local Government Evaluation Practices in Human Services.*
Edward C. Baumheier, Cale G. Whiteneck, Ann V. Kraetzer, Ellen L. Slaughter and Louis F. Cicchinelli.
Denver Univ., Colo. Center for Social Research and Development.
Feb 77, 89p Executive Summary available from PROJECT SHARE.
SHR-0002103 Available from NTIS, PC $6.00/MF $3.00

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Human service evaluation practices of State and local governments were investigated in this project, and an effort was made to provide ways of improving human service evaluation. Onsite assessments of exemplary evaluation units were conducted. Site profile reports for each unit were prepared. The evaluation process was considered to include all stages in the conduct of evaluations, from selecting the program or operation to be evaluated through setting objectives, designing research, analyzing results, and disseminating findings. The sites selected for inclusion in the project were located in California, Florida, Minnesota, Michigan, New York, Texas, Virginia, Washington, and Wisconsin. Site visits lasted 3 days and examined the evaluation unit, its environment, and two evaluations which the unit had conducted. The smallest unit consisted of only one evaluator with a budget of less than $50,000, while the largest unit had over 40 professionals and a budget of over $1.25 million. There was a clear preference among the units for hiring staff with analytical and methodological skills. Program experience was helpful but not as important as quantitative training. Evaluations were initiated by several sources, including legislative and executive requests, the program being evaluated, and the evaluation unit itself. Some evaluations were conducted to identify and resolve problems, while others were intended to justify the value of a program. Evaluation research and performance monitoring were the two general approaches to evaluation. It was found that none of the specific evaluation findings and few specific evaluation methodologies are directly transferable to other settings, although general site experiencies are transferable. Recommendations for establishing and utilizing evaluation units at State and local levels and for conducting evaluations are offered. A bibliography is provided. Appendices contain criteria for assessing evaluation and the evaluation questionnaires. Portions of this document are not fully legible. See also companion documents, SHR-0002104—SHR-0002112.

317. *Assessment of the Role of Urban Indian Centers in Providing Human Services to Urban Indians.*

James K. Greycloud, Thomas G. Sellars and John M. Daily.

Tribal American Consulting Corp., Maywood, Calif.

Jun 76, 119p

PB-259 737 Available from NTIS, PC $6.50/MF $3.00

A study was initiated to ascertain the nature and extent to which urban Indian centers in DHEW Region V plan, coordinate, and provide services to Indian people and to assess the feasibility and viability of the planning and coordinating role of the Office of Native American Programs (ONAP). Data were obtained from three classes of human service providers: ONAP grantees, non-ONAP Indian organizations, and non-Indian human service delivery agencies. It was found that the provision of direct services at the sites visited in the course of the study did not interfere with planning and coordination which could result in more efficient service delivery. The delivery of services to urban Indians was impaired by conflicting rules, regulations, and procedures. Communities varied in their readiness to coordinate services, and a lack of control over service delivery resources limited the ability of ONAP grantees to influence service delivery to urban Indians. The delivery of services was impaired by the political factionalism of Indian organizations. Recommendations to improve the availability of services to urban Indians are offered. A summary of the information obtained from the study is presented in the appendix in narrative and tabular form.

318. *Assuming Responsibility for Mobility of Elderly and Handicapped: The Roles of Transit Properties, Transit Planners, and Social Service Agencies in Small Cities.*

Alice E. Kidder and George Amedee.

North Carolina Agricultural and Technical State Univ., Greensboro. Transportation Inst.

Jul 76, 67p

PB-267 231 Available from NTIS, PC $5.25/MF $3.00

The services provided by transit operators, social service agency personnel, and local transportation planners are examined to support the theory that interaction among these providers is required to serve adequately the transportation needs of poor, elderly, and handicapped persons. A 1974 study in small and midsize cities utilized a set of 89 questionnaires collected from transit operating members of the American Public Transit Association, as well as in-depth case studies of 10 representative localities. The research team found that public transit had little direct involvement in supplying mobility needs of social service agency clients because the agencies themselves provided the services. Transit operators were mostly unaware of the many funding sources to support transportation needs of social service agency clients, and the transit operations had not taken an aggressive marketing stance to improve their availability to these clients. Most social service agencies probably would not oppose a move toward consolidation under the aegis of a local transit authority, provided staff vehicles were retained and service improved for clients. It is believed that transit planners are the logical catalyst for introducing consolidated solutions at the local level involving all of the groups interested in elderly/handicapped mobility. Examples of interaction and coordination among planners, service providers, and social service staffs are described in Baton Rouge, LA, and Worcester, MA, and helpful steps for solving transportation fragmentation problems are suggested.

319. *Brockton Multi-Service Center: Client Monitor Manual.*
Judith A. Berry.
Brockton Area Human Resources Group, Inc., Mass.
Jan 77, 81p
SHR-0001857 Available from NTIS, PC $6.00/MF $3.00

Tasks performed by client monitors at the Brockton Multi-Service Center in Massachusetts are described. An overview of the center's operations, based on the loop model, is provided. Essential elements of the loop model are the community (governance), performance specification, contract, system manager, operating system, and community audit. Within the structure of the center, client monitors function according to a well-defined pathway which facilitates integrated service management. The corrective subsystem and the preventive subsystem are the major components of service delivery at the center. The generic client pathway is portrayed. Accountability in the center is discussed, and advocate, manager, and coordinator roles of client monitors are detailed. The three primary responsibilities of client monitors relate to functional analysis, management of client progress, and utilization of tools and equipment. Tools and equipment include a problem-oriented record, a daily event log, management information system reports, and a service resource directory. The provision of services and emergency routing are examined, along with the individual client pathway for self-service, the individual client pathway for corrective service, the individual client pathway for maintenance service, and the individual client pathway for referral and followup. Client recording requirements are enumerated. See also earlier edition, SHR-0001274.

320. *Brockton Multi-Service Center: Client Pathway Manual.*
Paula M. Murphy.
Brockton Area Human Resources Group, Inc., Mass.
Jan 77, 139p
SHR-0001858 Available from NTIS, PC $7.25/MF $3.00

Client pathway operating procedures at the Brockton Multi-Service Center in Massachusetts are detailed. The goal of the center is to insure that client needs are met, and to this end the generic client pathway of the center's

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corrective subsystem constitutes a symbolic representation of the steps required in successfully guiding a client through the overall service system. This client pathway is described and graphically represented. Twelve specific functions in the client pathway are discussed: individual outreach, identification, triage, emergency determination, emergency service, determination of self-service potential, data base completion, assessment, service planning, corrective service, maintenance service, and and referral followup. For management purposes, functions are grouped into units. The location of all data required to operate functions of the client pathway is presented or identified. Tools and equipment needed to implement the pathway are noted, including a problem-oriented record, a daily event log, and a service resource directory. Time and budget constraints on the functions are examined, as well as possible function outcomes. A detailed definition of each function and associated procedures is given. See also earlier edition, SHR-0001276.

321. *Brockton Multi-Service Center 1976 Brockton Community Audit.*
Martin W. Kane and John P. Sullivan.
Brockton Area Human Resources Group, Inc., Mass.
Oct 76, 104p
SHR-0002154 Available from NTIS, PC $6.50/MF $3.00

The findings of a 1976 community audit of the Brockton Multi-Service Center (BMSC) in Massachusetts are presented. Human service needs are the primary concern of the center, and a loop model has been developed as the guiding concept in the development of a systematic program to reduce need levels in the area. There are six essential elements in the loop model: community (governance), performance specification, contract, system manager, operating system, and community audit. Findings of the 1976 audit relating to performance specification are discussed. The needs assessed in the audit are thwarted life goals, alcohol abuse, drug abuse, undesired feelings, undesired behavior, suicidal feelings, suicidal behavior, parenting difficulties, and undesired child behavior. Each of these need states is defined, and the method employed to survey respondents in the course of the audit is detailed. Three variables (sex, income, and employment status) are correlated with all need states, and an additional variable (household size) is correlated with parenting difficulties and undesired child behavior. Supporting data are tabulated. Appendices contain the community audit instrument and additional information on the sampling process.

322. *Building Citizen Support in Texas Cities: Assistance Guide. A Step by Step Approach for Identifying City Communication Factors.*
Texas Municipal League, Austin.
1976, 40p
SHR-0002113 Available from NTIS, PC $4.50/MF $3.00

An organizational analysis instrument is presented for use by elected officials, city managers, and other administrative staff in the collection of information about their communities and city organizations, services, and communications practices to improve public information and citizen participation methods. The instrument incorporates nine steps for analyzing city organization and activities in relation to public information and citizen participation: (1) prepare a city profile; (2) select a specific communications objective; (3) describe factors within city organization that influence citizen communications; (4) identify communications staff in city organization and describe city communications efforts; (5) describe city communications media; (6) identify citizen groups that may influence city communications; (7) describe city procedures for dealing with citizen inquiries and complaints; (8) analyze citizen information processes; and (9) describe elements in the development of a city communications plan. Guidelines to follow in plan

implementation are outlined. A communications checklist for building citizen support is included. See also related document, SHR-0001783.

323. *Bureaucratic Encounters. A Pilot Study in the Evaluation of Government Services.*
Daniel Katz, Barbara A. Gutek, Robert L. Kahn and Eugenia Barton.
Michigan Univ., Ann Arbor. Survey Research Center.
1975, 264p
SHR-0002197 Available from Institute for Social Research, University of Michigan, Box 1248, Ann Arbor, MI 48106.

The objective of this study was to: obtain information about the utilization and underutilization of major government services among various sectors of the population; find out how people evaluate government offices that have dealt with their problems; and see how people's experiences with public bureaucracy are related to their more general attitudes toward government. Agencies primarily responsible for employment services, job training, workmen's compensation, unemployment compensation, welfare services, hospital and medical benefits, and retirement benefits were included. Four main categories of variables were considered: client characteristics, utilization of or experience with different agencies, evaluation of agency experience, and degree of support for the larger governmental and social system. About 58 percent of the respondents reported contact with at least one of the service areas. Only 15 percent indicated difficulty in one or more of the four constraint areas studied (driver licensing, traffic violations, income tax, and police interference with individual rights). In encounters with public bureaucracy, retirement benefit services were most highly rated while welfare services and hospital and medical benefits were least highly rated. While about 61 percent of the respondents agreed that most government agencies do a good job, they were less enthusiastic about such general characteristics as promptness, fairness, and considerate treatment. The implications of the findings for public policy are discussed. Appendices contain a description of the investigation procedures, the interview schedule, background information on legislation and programs, and supporting tabular data. A bibliography and an index are included.

324. *Capacity Building and the Elements of Public Management.*
Philip M. Burgess.
Ohio State Univ., Columbus.
1975, 13p
SHR-0002146 Pub. in Public Administration Review v35 special issue p705-716 Dec 75.

Capacity building and public management are considered in relation to policy, resource, and program management. Various Federal activities and programs, including revenue sharing, grant consolidation, reorganization, decentralization, and the simplification and regionalization of administrative operations, affect intergovernmental relations. They have promoted cooperative efforts to strengthen the public management capacity of governmental operations at all levels. Federal actions specifically designed to enhance capacity building and public management include technical assistance to State and local governments. Capacity building is viewed as a key policy element in the redirection of intergovernmental relations. The three public management functions dealing with policies, resources, and programs are discussed. An assessment of the elements of public management and a theoretical distribution of types of public management capacity configurations are presented in tabular form. The interaction effects of policy and resource management on organizational performance characteristics are examined. Data on the public management needs of local government officials are provided. It is shown that program management

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needs are most significant, followed by policy management and resource management needs. Public management priorities and concerns expressed by local government chief executive officers and legislators and urban administrators are noted.

325. *Capacity Building for Medium Sized Cities: Petersburg, Virginia and Prichard, Alabama. Volume 1: Petersburg Final Report and Appendix A.*
Match Institution, Washington, D.C.
Nov 76, 120p Executive Summary available from PROJECT SHARE.
PB-264 850 Available from NTIS, PC $6.50/MF $3.00

This first volume in a 3-volume report presents details of the Department of Housing and Urban Development's capacity building demonstration program in Petersburg, Va. The goal of the program was to develop an effective information delivery system for Petersburg which addressed management, the definition of goals and priorities, and the coordination and integration of public programs and budget planning. In particular, the program sought to correct deficiencies in executive versus legislative management, planning, and programming in the direction of institutional reintegration of local government. The overall management capacity of Petersburg's City government was assessed in relation to six specific criteria: goal setting process, organizational and management structure, problem identification process, resource allocation system, personnel, and evaluation resources. To strengthen the management capacity of the city, the implementation of a community development and management system was recommended. It was envisioned that this system would incorporate such elements as: priority and goal setting on a citywide and departmental basis, network scheduling, summary reporting, exception reporting, and exception correction procedures. Factors affecting the emphasis of the program were municipal finance; social, physical, and economic conditions; and space problems. A uniform work planning and management system was proposed to minimize problems encountered in departmental analysis. An appendix contains additional information on the Petersburg program, with particular emphasis on conditions affecting government service, governmental analysis, work planning and management, and departmental analysis. See also Volume 2, PB-264 851; Volume 3, PB-264 852.

326. *Capacity Building for Medium Sized Cities: Petersburg, Virginia and Prichard, Alabama. Volume 2: Prichard Final Report and Appendices A-G.*
Match Institution, Washington, D.C.
Nov 76, 136p Executive Summary available from PROJECT SHARE.
PB-264 851 Available from NTIS, PC $7.25/MF $3.00

This second volume in a 3-volume report presents details of the Department of Housing and Urban Development's capacity building demonstration program in Prichard, Ala. The program was inititiated to help an underfinanced local government attract and make strategic use of resources to stabilize community and economic development. External resources affecting capacity building were the Southeastern Federal Regional Council, Federal area offices, Federal government leaders in Washington, Federal area offices, county and regional organizations involved in planning and funding distribution, and the program consultant team. Internal resources focused on the mayor as chief executive, the mayor-appointed public housing authority board and its staff, organized citizens, and key program agency and civil leaders. Approaches were devised to guide the capacity building effort and associated implementation tools. The condition of the city was investigated to recommend priority attention to specific capacity building efforts. Areas of need were identified as poverty, nonorganization, discrimination, and political history. Methods for capacity building were categorized as policy

development, resource generation and allocation, organizational, operation, and information and analytical support methods. Additional information on the Prichard project is contained in seven appendices. See also Volume 1, PB-264 850; Volume 3, PB-264 852.

327. *Capacity Building for Medium Sized Cities: Petersburg, Virginia and Prichard, Alabama. Volume 3: Appendix H, Prichard Housing Authority Handbook.*
Match Institution, Washington, D.C.
Nov 76, 221p Executive Summary available from PROJECT SHARE.
PB-264 852 Available from NTIS, PC $9.25/MF $3.00

This third volume in a 3-volume report on the Department of Housing and Urban Development's capacity building demonstration program in Petersburg, Va., and Prichard, Ala., is comprised of a handbook on policies, procedures, formats, and community development information of relevance to the Prichard Housing Authority. The handbook is intended to accomodate daily management improvements and serve as a training reference. It is organized in three sections: (1) agency, containing materials which relate to the entire authority and general community for use in general citizen or government official orientation; (2) board, containing policies and procedures relating almost entirely to appointed commissioners of the authority; and (3) staff, containing policies and procedures to guide daily operations of the authority. See also Volume 1, PB-264 850; Volume 2, PB-264 851.

328. *Capacity-Building and Decentralization (Session E). AOA Staff Program Materials.*
Richard Verville and Arthur Boyd.
White (E.H.) and Co., San Francisco, Calif.
Oct 75, 81p
SHR-0000620 Available from NTIS, PC $6.00/MF $3.00

Program materials designed to aid the independent and collaborative work of capacity builders in a decentralized environment are presented. The concept 'capacity building' generally characterizes a Federal role vis-a-vis other institutions in the service system such as State and local government and private agencies. It defines the Federal role as an assistant to the human service suppliers helping them to improve their performance and, in some cases, stimulating the development of service suppliers. Historical developments and effects of capacity building are noted including the increase in the range and depth of horizontal coordination and catalyzation activities at State and substate levels, the increase in vertical interactions focusing on the more rational use of public resources, and the growing acknowledgement of influence rather than power as the appropriate basis for exercising Federal leadership. Capacity building policies of DHEW and major components for implementation are summarized. problems associated with capacity building are categorized according to the service system, the situation, and the client. Consideration is given to 'top-down' capacity building, situation analysis, and decision process analysis. Capacity building tools are identified. A list of selected readings on aging and intergovernmental operations is included.

329. *Capacity-Building for South Carolina Local Governments. Volume 1: Final Report, Appendices A-B.*
South Carolina Office of Community Development, Columbia.
Feb 76, 111p Executive Summary available from PROJECT SHARE.
PB-264 863 Available from NTIS, PC $6.50/MF $3.00

Under a contract with the Department of Housing and Urban Development, the State of South Carolina participated in a capacity building pro-

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gram for 10 demonstration cities. It was determined that regional councils of government (COG's) in the State would be the best organizational mechanism for delivering capacity building assistance. All 10 COG's received funding to employ one management analyst, and each analyst was to provide capacity building to one or more cities selected from his or her region. One of the COG's chose not to participate in the program, and the remaining nine COG's provided capacity building assistance to 10 cities. This was accomplished by onsite consultation and supported by training and technical assistance, a clearinghouse for information, and a working network among management analysts. Overall, officials in the cities reacted favorably to the assistance they received. The question of whether the capacity building system in South Carolina will be institutionalized is yet to be answered. The execution of capacity building is discussed in terms of the multidepartmental concept, citizen participation, budget improvement, personnel policies, organization and management, citizen complaints, and purchasing procedures. Appendices contain background information about the 10 cities, case studies of three cities, resource documents prepared by the University of South Carolina's Bureau of Governmental Research, a handbook for planning and conducting meetings that involve municipal councils, a purchasing manual for local governments, and a budget manual for small municipalities. See also Volume 2, SHR-0020176.

330. *Capacity-Building for South Carolina Local Governments. Volume 2: Appendices C-F, Resource Documents for Small Cities.*
South Carolina Office of Community Development, Columbia.
Feb 76, 152p
PB-264 864 Available from NTIS, PC $8.00/MF $3.00

This second volume of a report on capacity building at the local level in South Carolina contains several handbooks and manuals to aid officials in small municipalities. Included are resource documents prepared by the University of South Carolina's Bureau of Governmental Research (Monitoring Policy Making and Operational Functions in Small Local Governments, The Multi-Functional Department Concept in Small Municipalities, and Citizens Participation in Local Government), Handbook for Planning and Conducting Meetings Involving Municipal Councils prepared by the Municipal Association of South Carolina, Purchasing Manual for Local Governments prepared by the South Carolina Association of Counties, and Budget Manual for Small Municipalities and Strategy for Budget Improvement prepared by the University of South Carolina. The handbooks and manuals are intended to assist in the monitoring process; centralized purchasing; and budget preparation, enactment, and enforcement. Part of a series of 25 documents related to the HUD Capacity-Building Demonstration Program. See also Volume 1, SHR-0020186.

331. *Chattanooga's Experience with Reorganization for Delivery of Health Services.*
M. M. Young.
Chattanooga - Hamilton County Health Dept., Tenn.
1970, 10p
SHR-0002114 Pub. in American Jnl. of Public Health v60 n9 p1739-1748 Sep 70

Experiences of the City-County Health Department in Chattanooga, Tenn., in community reorganization for the delivery of health and other services and participation in a number of federally financed programs, are reported. The director of the health department participated in the establishment of a nonprofit corporation to operate the Community Action Program of the Office of Economic Opportunity. Coordinated planning for the delivery of education, housing, employment, and health and welfare services was accomplished by cooperation among lead-

ers of agencies providing these services. A comprehensive neighborhood health center was initiated and, during its first year of operation, it enrolled approximately 6,000 individuals (1,800 families). Visits to the center for medical and dental services at the end of the first year were about 450 per week, with about 200 home visits per week by nursing personnel and family health workers. A large Head Start Program was created, although the necessity for providing health services on a rather complete scale resulted in some frustration. Chattanooga was one of 14 pilot U.S. cities designated to test the validity and effectiveness of interagency cooperation in the integration of human service programs at the neighborhood level. To assist with the operation of the Model Cities Program a community demonstration agency board was established by city ordinance. Interjurisdictional and regional planning was an essential element of community reorganization. Graphic illustrations of the organization of the Community Action Program and neighborhood services are included. Presented at the Annual Meeting (97th) of the American Public Health Association, Philadelphia, Pa., Nov. 11, 1969.

332. *Child Abuse and Neglect. The Problem and Its Management. Volume 1: An Overview of the Problem.*
National Center on Child Abuse and Neglect, Washington, D.C.
1975, 63p Executive Summary available from PROJECT SHARE.
SHR-0002048 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-092-00018-9.

Perspectives on child abuse and neglect are presented, and the difficulties involved in efforts to understand and manage the problem are analyzed in the first volume of a three-part series. Several aspects of child maltreatment are discussed, including the characteristics of the parents and children, the effects of abuse and neglect, a psychiatrist's view of the problem, and the thrust of State laws. Problems of definition and incidence and deficiencies within the system of child protection are addressed. It is observed that child abuse and neglect are perceived quite differently by the physician, the law enforcement officer, the psychiatrist, the social worker, the sociologist, the moralist, and the parent. The viewpoint of the children, however, is seldom known. From the psychiatrist's point of view, the psychological characteristics of abusive and neglectful parents may include immaturity and dependence, a sense of personal imcompetence, difficulty in experiencing pleasure, social isolation, a tendency to misperceive the child, a fear of spoiling the child, belief in the value of punishment, and a lack of awareness about the child's needs. Fragmented perceptions of child abuse and neglect have produced contradictory views on case management. Two general approaches exist: (1) the punitive approach, based on the view of maltreatment as a crime for which parents must be punished; and (2) the therapeutic approach, which views maltreatment as a family problem requiring treatment. The punishment-versus-treatment dichotomy is reflected in the fact that the laws pertaining to child abuse and neglect in all 50 States fall under both the criminal and the civil codes. All States have elaborate but generally fragmented systems of child protection involving the following elements: a mandatory reporting process; public and private child protective services; and other agencies and individuals involved in the identification, disposition, or treatment of cases. Problems of coordination within such typically fragmented systems are discussed. Tabular summaries of State laws and reporting activities are included. A bibliography is provided. See also Volumes 2 and 3, SHR-0002049 and SHR-0002050.

333. *Child Abuse and Neglect. The Problem and Its Management. Volume 2: The Roles and Responsibilities of Professionals.*
National Center on Child Abuse and Neglect, Washington, D.C.
1975, 89p Executive Summary available from PROJECT SHARE.

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SHR-0002049 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-092-00017-1.

The second volume of a three-part series on child maltreatment discusses the roles of the professionals and agencies involved in case management activites. Hospital or psychiatric social workers, public health nurses, social workers in private agencies, and lay therapists such as parent aides are those whose jobs involve working with abusive parents. Ways of dealing with the parents' initial reactions to the worker, including their likely fear that the worker will criticize or punish them, are discussed. The kinds of help that abusive parents need are identified. It is pointed out that abusive parents respond to help that is more intense and personal than is usual in therapeutic relationships. The characteristics and needs of the workers who deal with abusive parents are discussed, and the ways in which paraprofessional workers can lend support to therapeutic efforts are noted. The treatment process and its demands on the worker are described. The philosophy, organization, and approach to case management of the Child Protective Services Unit in Hennepin County, Minnesota are outlined as an example of local agency participation in identifying abuse and neglect and in treating both the abusers and the abused. The role of the physician in diagnosing cases of suspected child maltreatment is outlined, and the multidisciplinary diagnostic consultation team is described as one means of facilitating both medical diagnosis and case management in a hospital setting. Included are lists of indicators of child maltreatment, for both parents and children. A case study is presented of the Nation's first specialized child abuse unit in a policy agency, the Abused and Battered Child Unit of the Los Angeles Police Department. A discussion of the role of the school in identifying and intervening in cases of child maltreatment includes guidelines for teachers. A bibliography is provided. See also Volumes 1 and 3, SHR-0002048 and SHR-0002050.

334. *Child Abuse and Neglect. The Problem and Its Management. Volume 3: The Community Team-An Approach to Case Management and Prevention.*
National Center on Child Abuse and Neglect, Washington, D.C.
1975, 208p Executive Summary available from PROJECT SHARE.
SHR-0002050 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20204, Order number 017-092-00019-7.

In the third volume of a three-part series, guidelines for coordinating management and prevention of child abuse and neglect at the community level are presented. The guidelines are based on the community team approach, defined as the use of 'a body of professionals and the representatives of service agencies and groups who work together, using some form of coordination, to ensure more effective management of cases of abuse and neglect.' Community teams generally include social workers, physicians, lawyers, juvenile or family court judges, psychologists, public health nurses, teachers, police officers, day care workers, and interested citizens. Although group structure, tasks, and specific objectives vary from community to community, certain elements of service are essential if the community is to protect abused and neglected children and help their parents. These elements are identification and diagnosis, treatment, and education. Alternative approaches to identification and diagnosis include the use of central registers and the use of hotlines. The status of each approach, organizational and operational aspects, and examples of services in operation are considered. The discussion of treatment for abusive parents touches on the goals and problems of treatment and describes several treatment modalities. Methods of direct treatment for abused or neglected children up to age five are discussed, with special attention to treatment in a day care setting. The role of out-of-home placement of the child as part of the family's treatment plan

is discussed, and the need to coordinate treatment for all family members is stressed. The discussion of education and training for health professionals and the public includes guidelines for conducting public information campaigns based on the experiences of a statewide campaign in Florida. Guidelines for coordinating child abuse program elements through the community team approach are offered, followed by consideration of the inclusion of primary prevention in the community plan. Descriptions of existing community child abuse programs are appended. A bibliography is provided. See also Volumes 1 and 2, SHR-0002048 and SHR-0002049.

335. *Community Human Service Networks: New Roles for Mental Health Workers.*
W. Robert Curtis.
Massachusetts Dept. of Mental Health, Taunton.
1973, 8p
SHR-0002177 Pub. in Psychiatric Annals v13 n7 Jul 73.

The role of mental health workers in the design of human services systems within the community to resolve social problems is considered. With the exception of educators, mental health workers constitute the largest group of human service personnel. Human service resources are categorized as governmental entities, community caregivers, and community citizens. These resources are graphically illustrated, and human services provided in the State of Massachusetts are noted. Decentralization to the community level is viewed as a necessary element of human service delivery systems. It is pointed out, however, that separable services may be delivered on a centralized level. The functions of mental health workers in decentralization are delineated, including coordination, community organization, and training and sanctions. It is recommended that different models for delivering services within the interactional process of the social environment be developed. Rather than focusing exclusively on the psychological process within individuals, such models should consider such variables as money, power, and values. The role of mental health workers in model development is important because of their special knowledge of individuals. An interactional intervention model incorporating team problem-solving in a social network is described. Presented at the Annual Meeting of Psychiatric Outpatient Clinics of America, New York City, March 15, 1973.

336. *Community Planning for an Aging Society: Designing Services and Facilities.*
M. Powell Lawton, Robert Newcomer and Thomas O. Byerts.
Philadelphia Geriatric Center, Pa.
1976, 340p
SHR-0002252 Available from Dowden, Hutchinson and Ross, Inc., 323 Sarah St., Box 699, Stroudsburg, PA 18360.

A compilation of articles on community planning and policy decisions as they affect the elderly is presented. In the first part of the book, consideration is given to problems associated with aging, urban lifestyles and life cycle factors, and the effect of ethnicity on lifestyles of the inner city elderly. The focus of the second part of the book is on community planning and policy decisions. Articles in this part address the housing needs of older poeple, Federal housing programs, zoning, the utilization of alternative care settings, and the costs of alternative care settings. Programmatic aspects of housing for older people are discussed in the third part of the book, including the estimation of housing need, housing preferences and satisfactions, homogeneity and heterogeneity in housing, site selection, a model for planning a special neighborhood, and new communities. The final part of the book pertains to community services for the elderly. Included are discussions on facility planning, neighborhoods as service systems, the estimation of service need, aging and residential location, intraurban transportation

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needs and problems, goal displacement in community planning efforts, and the reflection of user requirements in park design. An index is included.

337. *A Comparative Study of United Services Agency Centers.*
D. L. Raphael, G. D. Smith, D. Spottheim, L. Novak and C. Kurig.
Pennsylvania State Univ., University Park. Center for Human Services Development.
1975, 80p
SHR-0000630 Available from NTIS, PC $6.00/MF $3.00

This report presents a comparative evaluation of the operation of United Services Agency (USA) centers. Models are constructed for the Pittston, Tunkhannock, Hazleton, and Kingston centers of the USA in Pennsylvania and portray center operations over a 1-week period. They have a triform structure (client flow, record flow, and cost distribution components). A listing of client processing and clerical support sectors and associated activities is given, and a quantitative comparison of center costs, clients, and case records is made. Hard service costs were stable and essentially the same for all centers, with the most costly hard service being food stamps. The cost of delivering hard services tended to decrease with time and experience. The cost of delivering soft services was much higher than the cost of hard services and ranged from $3.50 to $25 per $1.00 of service (counseling). Proportionately, all centers delivered a larger amount of hard services than soft services. Soft services, being small in number, were often provided in conjunction with hard services. Smaller centers showed some indication of inefficiency in service delivery. Although many clients entered centers via a receptionist and human service planner, or human service planner only route, a large number entered directly via income maintenance intake workers and income maintenance continuing eligibility sectors. A large proportion of clients were still in a carryover status at the end of the 1-week model period, indicating that centers generated a relatively long eligibility processing period for many clients. There was a fairly large involvement of direct supervisory and administrative personnel participation in service assessment and delivery at smaller centers. A list of references is provided.

338. *Computerization of the Minneapolis Community Information and Referral Service Resource File.*
Community Information and Referral Service, Minneapolis, Minn.
1975, 111p
SHR-0001143 Available from NTIS, PC $6.50/MF $3.00

The computerized community information and referral service (CIRS) serving Hennepin County, Minn., is described. CIRS provides free information to community residents about health, welfare, social services, and educational and recreational resources in the greater Minneapolis area and refers people with problems to appropriate resources. It offers short-term counseling, travelers' aid services, and help at Christmas time such as food or toys for needy families and maintains community services and senior citizen club directories. More than 35,000 inquiries are handled annually, and a computerized resource file has been created that contains over 2,000 individual services. This file is updated monthly and its information is readily retrievable by staff members. The annual report of CIRS for 1975 is included. Historical developments in the decision to establish the computerized resource file are traced. The file's organization is detailed. An index to service codes and definitions used in the file and sample printouts are provided. Updating procedures, with related forms, are outlined. A technical description of the file is presented, and cost and ancillary service aspects of file maintenance are considered.

339. *Conceptual Design. Revision to Child Abuse and Neglect Report and Inquiry System (CANRIS).*
Texas State Dept. of Public Welfare, Austin. Child Abuse and Neglect Report and Inquiry System.
7 Jan 76, 75p
SHR-0000960 Available from NTIS, PC $5.25/MF $3.00

An overview of the Child Abuse and Neglect Report and Inquiry System (CANRIS), operated by the Texas State Department of Public Welfare, and proposed revisions are given. Each of the three basic features of CANRIS operations (reporting, inquiry, and statistics), are utilized to allow the Department to: identify, track, and evaluate child abuse in Texas; plan for preventive programs at the immediate worker level; and, create policy. The purpose of proposed revisions is to offer an improved data reporting system. This is to be accomplished by enhancing rather than replacing the existing system with improved forms and operational flows to reduce system access and turnaround times; efficient data collection and dissemination techniques; and effective linkage with the Social Services Management System of the department. Revisions proposed to achieve the preceding objectives concern changes in forms, the telecommunication screen format of CANRIS, telecommunications operations, data systems, data edits, expungement, statistical reports, and linkage. A description of intake, report processing, and output report elements of CANRIS is included, followed by numerous graphical, tabular, and narrative exhibits relating to CANRIS and proposed revisions.

340. *Consumer Comparisons of Integrated and Categorical Human Services.*
Leland L. Beik.
Pennsylvania State Univ., University Park. Center for Human Services Development.
Apr 75, 111p Executive Summary available from PROJECT SHARE.
SHR-0002064 Available from NTIS, PC $6.50/MF $3.00

Integrated human services provided by the United Services Agency demonstration project for consumers in the Kingston and Pittston areas of Pennsylvania are compared with categorical services provided by agencies in the Wilkes-Barre and Nanticoke areas of the State. Field work was conducted in June and July of 1974. To implement integrated service delivery, the United Services Agency has established four multiservice centers which provide single-entry access to an integrated network of social services. A key principle underlying center operations is that of service planning by an individual working directly with consumers to articulate their needs and prepare a service plan to deal with the needs. Consumer relations to service delivery mechanisms and services of the demonstration project are evaluated and compared to the existing system of categorical services. Income maintenance services, especially food stamps, dominated both integrated and categorical areas. In general, consumers reported no substantive differences in the classes or numbers of services received under the two delivery systems. They reacted more favorably to integrated planning operations than to categorical planning operations and expressed consistently higher degrees of preferences for many characteristics of the integrated system. Information on the background and methodology of the study and supporting tabular data are appended. A bibliography is provided.

341. *Cooperative Agreements Between 314(b) and Other Regional and Health Planning Agencies.*
Research Group, Inc., Atlanta, Ga.
Sep 74, 27p
SHR-0002045 Available from Research Group, 1230 Healey Building, 57 Forsyth St., N.W., Atlanta, GA 30303.

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Interagency agreements are discussed as a primary mechanism for negotiations between comprehensive health planning 314(b) agencies and other regional and health planning agencies. Interagency agreements should define all principal parties; clarify the nature of time, money, manpower, or products to be shared and the appropriate manner of the intended sharing; and establish a policy to eliminate duplicate planning efforts whenever possible. Formal interagency agreements are particularly useful in three planning areas: (1) specifying proper roles and interrelationships between two or more organizations serving the same population; (2) forestalling duplication of independent efforts to achieve the same ends; and (3) enhancing the interagency availability and utility of information and planning services. Basic considerations to guide a 314(a) (State) or 314(b) (areawide) agency in fostering positive and cooperative arrangements between itself and other active planning agencies which serve the same region are outlined. Types of cooperative relationships are defined, and the nature of each relationship is explained. The text of a basic interagency agreement is included and the potential for modifying the basic agreement to fit any local situation is explored. Possible changes in the process of modification are suggested in tabular form.

342. *Cost-Benefit Analysis and Hypothesis Testing: An Example Application for Program Evaluation in Juvenile Corrections. The Walnut Street 'Y' Program.*
Robert F. Minnehan.
Delaware Univ., Newark. Div. of Urban Affairs.
Jun 75, 100p Executive Summary available from PROJECT SHARE.
SHR-0002139 Available from NTIS, PC $6.00/MF $3.00

Cost-benefit analysis and hypothesis testing were employed to evaluate an innovative juvenile program direction taken by Delaware's Division of Juvenile Corrections. The program is designed to provide an alternative to institutionalization for juvenile offenders by placing them in a different community-based residential setting and providing an intensive counseling service rather than the traditional educational-vocational training program associated with institutions. The effectiveness of the experimental Walnut Street 'Y' Program is compared to the existing Ferris Open Program. Although no definitive conclusions are reached, it is felt that the 'Y' Program could be judged as superior to the institutional arrangement embodied in the Ferris Open Program. General hypotheses that can be tested in any cost-benefit analysis are delineated. Characteristics of experimental programs as compared with existing programs are discussed, and specific program examples in California, Florida, New York, Michigan, and Hawaii are cited. The model building effort in cost-benefit analysis is addressed, and various approaches to cost-benefit analysis are detailed. Concepts, classifications, and processes for cost-benefit analysis are listed in tabular form. The objectives of cost-finding systems are enumerated. The application of these systems to the program of Delaware's Division of Juvenile Corrections is discussed. Procedural information is documented in an appendix. A bibliography is provided. Portions of this document are not fully legible.

343. *Critical Review of Research on Long-Term Care Alternatives.*
Sonia Conly.
Jun 77, 141p Executive Summary available from PROJECT SHARE.
SHR-0002153 Available from SHARE, PC $7.25

As part of a broad effort to examine policy options in disability and long-term care, the Office of the Assistant Secretary for Planning and Evaluation initiated a review of DHEW-sponsored research on alternatives for long-term care. Twenty-five projects were studied and evaluated in the review including day care, specially designed housing, homemaker service, home

health service, social services, and service coordination. It was hypothesized in the research studies and projects that the provision of one or more alternative services to elderly impaired persons will be reflected in enhanced physical, mental, or social functioning and that enhanced functioning combined with the provision of support services will make it possible for certain elderly persons to remain in the community or perhaps even return to the community from an institution. Internal validity was the primary concern, and failure to meet necessary conditions for internal validity was demonstrated in projects where outcome data were available. Consequently, there was no basis for judging whether any of the community-based alternatives were effective in reducing institutionalization, mortality, and morbidity or in improving the scores of physical or mental functioning. Program cost data for day care and nursing home care are provided, and the characteristics of day care clients are compared with those of the nursing home population. Recommendations to improve further research efforts are offered. Appendices contain summary information about and critical reviews of the 25 studies dealing with long-term care alternatives for the aged, notes on research designs, and notes on concepts of cost and cost-effectiveness. A list of references is provided.

344. *Data Dictionary of County Area Community Corrections Information Systems in Minnesota.*
Kirk T. Phillips.
Minnesota State Dept. of Corrections, St. Paul. Div. of Research and Information Systems.
Jun 77, 245p
SHR-0001971 Available from NTIS, PC $9.50/MF $3.00

Types of correctional system data collected by county area information systems in Minnesota are described in this reference guide. A one-page synopsis of each information system that includes the following terms is presented: community corrections system, counties, population, contributing programs, implementation date, system development, system hardware, system software, routine reports, and data collection schedules. A listing of data elements maintained in each information system is organized according to such descriptors as element, function, length/type, and schedule. Data elements contained in information systems are noted in order of their appearance on data collection schedules. Required minimum data elements and any discrepancies in their collection by community corrections information systems are listed. Four community corrections information systems have been implemented. They are designed to track clients as they proceed through local correctional programs. Individual client entries are added by event (when a client enters a correctional program, transfers to a different program within a system, or is terminated from a correctional program). Client tracking facilitates the reporting of program utilization by calculating the frequency of such events as the number of felons admitted to jails and the number of juveniles assigned to probation. Portions of this document may not be fully legible. See also, SHR-0002133.

345. *Decentralization and Citizen Participation in Social Services.*
Martin Rein.
Massachusetts Inst. of Tech., Cambridge.
1972, 14p
SHR-0002120 Pub. in Public Administration Review p687-700 Oct 72.

Decentralization and citizen participation issues in the delivery of social services are addressed. Two primary purposes of social service activities are identified. First, services may be viewed as goods in their own right, as defined by persons who utilize services. Second, services may be viewed as instrumental, since they serve some purpose that is defined by someone other than the service user. Universal-formalist and selectivist-discretionary service philosophies

are discussed. In the universalist-formalist philosophy, it is felt that individuals can best judge their needs and that the best public policy involves the availability of an adequate level of income to enable individuals to purchase needed services. The selectivist-discretionary philosophy, contends that services should be selectively available to the poor, dependent, and deviant. With regard to decentralization and citizen participation issues, it is argued that alternative delivery models in use can be viewed as efforts to cope with questions of definition and purpose. Alternative social service delivery patterns are explored, including coordination by general counselors, integration without coordination, coordination with integration, and comprehensive care organized around a single organizational function.

346. *Deinstitutionalization of Developmentally Disabled Persons: A Conceptual Analysis and Guide for State Officials.*
Human Services Research Inst., Washington, D.C.
30 Jun 77, 153p Executive Summary available from PROJECT SHARE.
SHR-0002134 Available from NTIS, PC $8.00/MF $3.00

Guidelines are presented to assist State and local policymakers and administrators involved in service delivery to developmentally disabled citizens. The focus is on the transition from an institutional or custodial system of services to more dynamic, habilitative, and affirmative modes of care. Historical developments in efforts to reform the system of care for mentally retarded and other developmentally disabled persons are reviewed. Obstacles to the full implementation of a responsive system of services are identified as parental insecurity, 'hand-me-down' financing, angry caregivers, fluctuating accountability, and inadequate relationships between service providers and the private sector. Factors outside of the direct control of State agencies responsible for the administration of services to developmentally disabled persons are examined. Values that are integral parts of any systematic approach to the delivery of services and legal principles relevant to service delivery are discussed. Models of organizational elements involved in the provisions of services to the developmentally disabled are described. Examples of the ways in which some States have adapted particular Federal programs to their needs are cited. Elements in the development of State plans to serve the developmentally disabled and in plan implementation are detailed. Appendices contain a bibliography, a listing of major court rulings, and additional information on goals and criteria for services to the developmentally disabled.

347. *Delivering Information and Referral Services in Rural Areas.*
Stephen A. Webster.
Tennessee Univ., Knoxville. School of Social Work.
May 75, 26p
SHR-0001496 Available from National Conference on Social Welfare, 22 West Gay St., Columbus, OH 43215.

A successful effort to develop information and referral files for a 16-county rural area in eastern Tennessee is reported. Agencies that delivery health, agricultural, and social services in the area were surveyed, and 919 separate service delivery entities for the 16 counties were identified. In the most rural counties, there was a base of approximately 25 agencies, including governmental agencies authorized by legislation, and local service clubs. In less rural counties, new agencies served a broader population and planning councils were more visible. Informal support activites by local service clubs were combined into an agency like 'Central Charities' to administer a coordinated program of services for low-income groups. Each county had an information and referral worker prior to the development of resource files. The Tennessee Department of Public Welfare was designated as the information and referral office. Information and referral workers were trained in the use

of the resource files: they then served as staff for an information and referral consortium, as program developers, and as community organizers. Background information about the 16-county area and the survey form are contained in appendices. Presented at the National Conference on Social Welfare, May, 1975.

348. *Diffusion of Technology in State Mission-Oriented Agencies.*
Irwin Feller, Donald C. Menzel and Alfred J. Engel.
Pennsylvania State Univ., University Park. Center for the Study of Science Policy.
Oct 74, 300p
SHR-0001671 Available from Pennsylvania State Univ., Institute for Research on Human Resources, N253 Burrowes Bldg., University Park, PA 16802.

The results of an exploratory study of organizational innovation in public sector agencies are presented. The study is concerned with three major issues: (1) whether there is a systematic tendency for some States to adopt new technologies quickly in their operating programs; (2) factors influencing differential patterns of technology adoption; and (3) whether diffusion networks exist among mission agencies in different States. The diffusion of four innovations in two mission agencies in 10 States was examined. The two mission agencies were highways (or transportation) and air pollution control. Sample technologies were impact attenuators and transportation modeling for highway departments and automatic telemetry systems and air pollution modeling for air pollution agencies. The 10 States included Maryland (pretest site), California, Illinois, Kansas, Michigan, Minnesota, New Jersey, New York, North Carolina, and West Virginia. Data were obtained through personal interviews with agency officials in the 10 States and through telephone interviews with agency officials in all other States. Differences in decisionmaking for each functional field suggested that variations across functions were much more significant than interstate variations or organizational characteristics of agencies within a given functional field. Despite the existence of theoretical and empirical literature, organizational innovation was found to be an elusive concept in that organizational characteristics were not significantly related to interstate variations in technology adoption. The adoption of innovative technologies by States was conditioned by factors external to agencies, particularly by the policies of Federal agencies. Additional information on the study issues and methodology and the questionnaires are appended.

349. *Diversion in the Juvenile Justice System.*
National Council on Crime and Delinquency, Hackensack, N.J.
1976, 114p
SHR-0002188 Pub. as Crime &AM Delinquency v22 n4 Oct 76.

Eight articles on diversion in the juvenile justice system are presented. In the first article, four diversion projects are described. Their common characteristics are noted, including the use of paraprofessionals from the community, reliance on crisis intervention, the central role of arbitrators and administrators rather than judges, the trend to avoid stigma, emphasis on status offenses and minor delinquency, and a lack of evaluation. Nine studies of the outcomes of specific juvenile justice diversion programs are reviewed in the second article, along with an investigation of the impact of diversion programs on the juvenile justice system in Los Angeles County, Calif. The third article presents a 1976 appraisal of police diversion programs for juvenile offenders that is used to update a series of diversion issues first defined in 1971. The topics addressed in the remaining five articles pertain to diversion from the juvenile justice system in relation to the reduction of recidivism, the results of a comparative and longitudinal assessment of status offenders, alternatives to

the juvenile court for status offenders, recommendations for change in the juvenile diversion system, and discretionary decisonmaking in juvenile justice.

350. *Dividing Case Management in Foster Family Cases.*
Theodore J. Stein, Eileen D. Gambrill and Kermit T. Wiltse.
California State Univ., Sacramento. School of Social Work.
1977, 11p
SHR-0002115 Pub. in Child Welfare v56 n5 p321-331 May 77.

Procedural issues associated with foster family case management in the Alameda Project (California) are examined. Case management is divided between two workers, one responsible for intensive services to natural parents and the other concerned with children in foster homes. Project workers are responsible for services to biological parents, and county child welfare workers provide services to foster children. The procedure employed for joint case management after a case is referred to the project and parental agreement to working with the project has been obtained is outlined. To evaluate worker time involved in joint contacts, data were gathered during four 1-month periods spread over 18 months. Total time decreased significantly during the second year of the project, even though the number of project cases increased. Thus, relatively little time was consumed by contacts between project and county workers. The highest percentage of contacts in any time period was for either case discussions or updating on case progress. Project and county workers did not differ in their opinions on issues related to case management responsibilities for intensive services, communication between workers, and decisionmaking. An analysis of the results of the Alameda project showed that there was greater movement of children out of foster care when case management was divided between project and county workers, compared with the usual pattern of service delivery, and that this was achieved with no great reduction in caseload size. A detailed discussion of the time and purposes of contacts between case management workers, personal advocacy, the provision of intensive services without case division, and practical aspects of case division is presented.

351. *Dynamics of Community Planning.*
Neil Gilbert and Harry Specht.
California Univ., Berkeley. School of Social Welfare.
1977, 185p
SHR-0002241 Available from Ballinger Publishing Co., 17 Dunster St., Harvard Square, Cambridge, MA 02138.

This study of community planning efforts in Model Cities which began in 1971, extended over a 5-year period and was devoted to an assessment of what Model Cities demonstrated about social planning at the local level. Community planning in the 1960's was reviewed in relation to the War on Poverty and New Federalism as an historical background. An analytical framework was devised for exploring major elements in three levels of community planning: the action system, the interorganizational field, and the community context. Indicators of community planning and data collection and analysis procedures were developed and operational definitions are supplied. Data for the study was gathered through: structured interviews conducted with the Department of Housing and Urban Development (HUD) officials; information from HUD narrative reports; and a mail survey of Model Cities programs sponsored by the U.S. Conference of Mayors. The ways in which different characteristics of the action system were associated with the achievement of varying degrees of citizen influence were evaluated and the quality of comprehensive demonstration plans and the process of plan implementation were studied. Variable interorganization factors were analyzed in relation to planning objectives. Fixed community contextual factors in the planning process, plan-

ning outcomes, and program performance were examined. Finally both quantitative and qualitative guidelines for community planning were developed. Illustrative materials, and an index are included.

352. *Effective Social Services for Older Americans.*
Sheldon S. Tobin, Stephen M. Davidson and Ann Sack.
Michigan Univ., Ann Arbor. Inst. of Gerontology.
1976, 221p
SHR-0002196 Available from Institute of Gerontology, University of Michigan - Wayne State University, Detroit, MI 48202.

Salient parameters associated with social service-delivery systems for the elderly are addressed. An attempt is made to make the reader aware of the complexities involved in structuring effective services for the elderly. The target audience includes planners of community services, providers who are directly affected by planning decisions, and students. Considerations fundamental to decisions about service and organizational goals are discussed relative to who is to be served, what services are to be offered, and how services and programs are to be sponsored and staffed. Social services are defined and modifications required to meet the needs of the elderly are explored. Four goals of social services are noted: (1) objective and subjective functioning at an optimum level; (2) the achievement of improvements according to individual client status; (3) recognition of differences between client-perceived needs and professional judgements of need; and (4) enhanced functioning in terms of an individual's capacity to facilitate both a sense of individuality and a sense of relatedness. Problems and concerns of area agency directors who are responsible for the design of effective service configurations for the elderly are investigated. Attention is also given to client-focused considerations in relation to age-segregated versus age-integrated services and home-delivered versus congregate services. Structural and strategic factors in the organization and delivery of social services and issues in the planning of effective social services are identified. A list of references is provided, and appendices contain additional information on social services for the elderly.

353. *Emotionally Disturbed Children: A Program of Alternatives to Residental Treatment.*
Linda Bedford and Larry D. Hybertson.
Boston Children's Service Association, Mass. Treatment Alternatives Project.
1974, 7p
SHR-0002152 Pub. in Child Welfare v54 n2 p109-115 Feb 1975.

A program providing alternatives to residential treatment of emotionally disturbed children is detailed. The Treatment Alternatives Project (TAP) is a service and demonstration program that was formed in August, 1972 through a contract between the Massachusetts Department of Public Welfare and the Boston Children's Service Association. TAP clients are children between 4 and 16 years of age who live in the greater Boston area. They cannot receive treatment unless the welfare department has obtained legal custody, by parent designation or involuntarily. The Informed Consent Form, signed at the time of formal admission by a parent or guardian, is described. Five areas that merit special consideration in the selection of feasible treatment alternatives for emotionally disturbed children are examined in relation to the experience gained in TAP: (1) medical screening (TAP's comprehensive medical and psychological evaluation and care program is sketched); (2) delineation of case management and treatment issues; (3) supportive alliances; (4) staffing and caseload levels; and (5) cost and service accounting. The fiscal soundness of the program is demonstrated by the fact that only 3 of 41 clients are in a residential treatment program.

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354. *Evaluating the Impact of Program Consultation in Health Services.*
Elizabeth L. Watkins, Thomas P. Holland and Roger A. Ritvo.
Case Western Reserve Univ., Cleveland, Ohio. Human Services Design Lab.
1975, 18p
SHR-0002201 Pub. in Health Education Monographs v3 n4 p385-402 Winter 1975.

A methodology is presented for use by both consultants and consultees in evaluating their mutual efforts to improve agency health service programs. The reporting form and instruction manual developed in the course of the project are designed to be instruments for evaluation and accountability of program consultation. Two elements are the focus of the reporting form: the degree to which the consultation process meets the objectives of the consultant and consultee when they interact, and the degree to which the consultation process enhances achievement of the objectives of the health service program under consideration. The reporting form concentrates on four aspects of the process of program consultation: organizational assessment and problem formulation, establishment of consultation objectives, determination of action strategies, and outcome assessment. Conceptual issues influencing consultation are explored, including the measurement of organizational change and problems in accounting for interacting influences. Reporting forms were completed by four nutritionists, four nurses, four health educators, four physicians, and ten social workers. Thirty-four forms were completed, representing 29 examples of consultation by 19 consultants. Each consulting effort focused on more than one issue, and the average number of issues was 3.1 per report. Program consultation transactions thus dealt with a series of related issues concerning an agency's service delivery pattern and organizational support to programs. The implications of evaluating program consultation are discussed. Paper is based on a presentation at Annual Meeting of the American Public Health Association (102nd), New Orleans, La., Oct. 22, 1974.

355. *Evaluation of Human Services Planning. Approaches at State and Local Levels. Volume I.*
Charles C. McClintock.
New York State Coll. of Human Ecology, Ithaca. Dept. of Community Service Education.
15 Nov 77, 293p Executive Summary available from PROJECT SHARE.
SHR-0002244 Available from NTIS, PC $11.00/MF $3.00

As new efforts in the area of human services planning have been initiated new issues and problems associated with it have been identified. The report represents an attempt to achieve a better understanding of these problems and issues by providing an overview evaluation of human services planning at State and substate levels. Four questions are addressed: (1) What approaches and techniques are utilized by the planner. (2) What are the advantages and limitations associated with these approaches and techniques. (3) What is 'successful' planning. (4) What appear to be the most useful combinations or refinements of approaches and techniques. Planning is defined as a means of reducing uncertainty in human services management. Uncertainty has both a technical or operational dimension as well as a social and political dimension. Observations on the tactical and strategic aspects of planning and a summary of the environmental features influencing planning are discussed, followed by an outline of recommendations for successful human service planning. Data collection methods included telephone interviews (averaging 30 minutes) in each of the 50 States with individuals who were identified as key informants on their State's human service planning efforts, and face-to-face interviews (averaging 90 minutes) with a similar group of persons in a sample of 8 State and 9 local sites. A second volume is planned which will discuss the case studies in detail. See also Volume 2, SHR-002399.

356. *Evaluation of Outreach of the Nutrition Program for the Elderly.*
Opinion Research Corp., Princeton, N.J.
Dec 75, 196p
SHR-0001356 Available from NTIS, PC $9.00/MF $3.00

A study to investigate and evaluate the quality of the outreach component of the Administration on Aging's nutrition program for the elderly is reported. The outreach component of the program involves the efforts made to inform people of the existence and nature of the program and to recruit eligible persons into the program. The goals of the study involved evaluation of whether outreach was needed or used in the initial filling of sites; whether outreach was used for replacement purposes; and whether outreach was used on a continuing basis to reach the needy. Interviews were conducted with 858 randomly selected participants at 30 nutrition program sites and with 1,258 randomly selected persons living in the areas served by the sites. The major finding of the study was that sites tend to be one of two types: (1) 'open,' in which participants come once or twice a week and nutrition is a primary goal; and (2) 'needy,' in which participants eat four to five times a week and nutrition is considered relatively less important than socialization. Outreach at 'open' sites is mostly carried out by word of mouth, while outreach at 'needy' sites is heavily promoted by personal contact. Participants at the sites were found to be better off than nonparticipants in terms of both nutrition and mental health. Recommendations concerning overall project direction, areas of interest to project personnel at the local level, and a longitudinal evaluation are discussed.

357. *Evaluation of Personal Care Organizations and Other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. Interim Report No. 1. Identification of Alternative Programs to Institutionalization: Methods and Results.*
Pauline R. Charpentier and Robert Soliz.
Applied Management Sciences, Inc., Silver Spring, Md.
26 Sep 74, 130p Executive Summary available from PROJECT SHARE.
PB-256 010 Available from NTIS, PC $7.25/MF $3.00

Procedures followed in a study of alternatives to nursing home care are described. The first task was an exhaustive search of the literature. Ten indices and abstracting services and several major journals relating to health care and the elderly were consulted. More than 200 documents were ultimately selected for review. A telephone survey was conducted to contact individuals, organizations, and governmental agencies having knowledge about health care for the elderly and especially heath care which represents an alternative to institutional placement. Nine projects were identified as a result of the literature search (three in New York, one in Colorado, two in Maryland, one in Ohio, and two in Massachusetts). Summaries of each project are provided, along with an enumeration of services offered. A form for use during site visits to evaluate the projects was devised, and screening and classification criteria for the selection of evaluation parameters were developed. A tentative interview format was prepared. Appendices contain abstracts describing the projects and a bibliography. See also Interim Report 2, SHR-0020164; Interim Report 3-Volume 1, SHR-0020165; Interim Report 3-Volume 2, SHR-0020166; Interim Report 4, SHR-0020167.

358. *Evaluation of Personal Care Organizations and Other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. Interim Report No. 2 (Revised). Critical Evaluation of Reported Research Involving Alternatives to Institutionalization and Cost/Efficiency-Effectiveness.*
Applied Management Sciences, Inc., Silver Spring, Md.
30 Apr 75, 97p Executive Summary available from PROJECT SHARE.

358.

PB-256 011 Available from NTIS, PC $6.00/MF $3.00

A critical review of eight projects was undertaken to evaluate the effectiveness and/or cost efficiency of alternatives to institutionalization for the elderly. It appeared that stroke patients may benefit from home care programs following inpatient treatment. With regard to rehabilitation care in the home as an alternative to outpatient clinic care, patients seemed to prefer the clinic environment where visits were longer. Two emerging forms of noninstitutional care appeared to be worthwhile in terms of patient care and satisfaction. Adult day care for the infirm elderly was related to higher levels of life satisfaction than for patients in an institutional milieu. Congregate living arrangements combined social aspects of group living with readily available supportive services. The impact of a socially-oriented club setting on the physical and mental functioning of patients was demonstrated. Weaknesses inherent in the evaluation of the projects are noted, and guidelines for the critical evaluation of research documents are appended. See also Interim Report 1, SHR-0020163; Interim Report 3-Volume 1, SHR-0020165; Interim Report 3-Volume 2, SHR-0020166; Interim Report 4, SHR-0020167.

359. *Evaluation of Personal Care Organizations and Other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. Interim Report No. 3 (Revised). Assessment of the Feasibility of Conducting a Prospective Study of Clients Served by Alternatives to Institutional Care. Volume I.*
Douglas E. Skinner, Kenneth G. Wissmann, Pauline R. Charpentier, Alan C. Foose and Robert Soliz.
Applied Management Sciences, Inc., Silver Spring, Md.
30 Apr 75, 123p Executive Summary available from PROJECT SHARE.

PB-256 012 Available from NTIS, PC $6.50/MF $3.00

The feasibility of conducting a prospective study of elderly clients served by alternatives to institutional care was assessed. Literature in the fields of aging, long-term institutionalization, and alternatives to institutionalization was reviewed, and a telephone survey of individuals and organizations concerned with alternatives to institutionalization was conducted. A site visit information file was designed to guide the site visits. Areas of discussion for projects to be evaluated were general program information, client information, data collection, financial information, sources of revenue, staff information, services provided, physical plant, research activities, and organization. Twenty-three projects offering noninstitutional services for the elderly in six States (Kentucky, Michigan, Minnesota, Pennsylvania, Rhode Island, and South Carolina) were visited. Issues analyzed with respect to feasibility were supplemental services, client population, selection criteria (eligibility), barriers to the expansion of services, service evaluation, intake forms, case folders, encounter forms, demographic and personal data, client assessment and client progress, data processing, monitoring program activities and clients, cooperation with agencies, supervisory authorization, administrative constraints, staff research skills and staff stability, research experience, limitations on research confidentiality, political and jurisdictional constraints, and project longevity. See also Interim Report 1, SHR-0020163; Interim Report 2, SHR-0020164; Interim Report 3-Volume 2, SHR-0020166; Interim Report 4, SHR-0020167.

360. *Evaluation of Personal Care Organizations and Other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. Interim Report No. 3 (Revised). Assessment of the Feasibility of Conducting a Prospective Study of Clients Served by Alternatives to Institutional Care. Volume II, Appendix A (Updated).*
Applied Management Sciences, Inc.,

Silver Spring, Md.
30 Apr 75, 132p Executive Summary available from PROJECT SHARE.
PB-256 013 Available from NTIS, PC $7.25/MF $3.00

This appendix to a report on the feasibility of conducting a prospective study of elderly clients served by alternatives to institutionalization contains summaries of 23 project site visits and interviews with government officals in six States (Kentucky, Michigan, Minnesota, Pennsylvania, Rhode Island, and South Carolina). Information on personal care organizations and other in-home alternatives to nursing home care for the elderly and long-term disabled is included. See also Interim Report 1, SHR-0020163; Interim Report 2, SHR-0020164; Interim Report 3-Volume 1, SHR-0020165; Interim Report 4, SHR-0020167.

361. *Evaluation of Personal Care Organizations and Other In-Home Alternatives to Nursing Home Care for the Elderly and Long-Term Disabled. Interim Report No. 4 (Revised). Major Experimental Design Considerations of a Prospective Study of Clients Served by Alternatives to Institutional Care.*
Douglas E. Skinner, Pauline R. Charpentier, Kenneth, G. Wissmann, Alan C. Foose and Robert Soliz.
Applied Management Sciences, Inc., Silver Spring, Md.
1 May 76, 233p Executive Summary available from PROJECT SHARE.
PB-256 014 Available from NTIS, PC $9.50/MF $3.00

Design considerations in the conduct of a prospective study involving elderly clients served by alternatives to institutional care are discussed. Available instruments for use in supporting experimentation activities are categorized as follows: (1) patient/client assessment (scales and indices and questionnaires developed by specific projects); (2) patient/client assessment (conceptual approaches to assignment, experimental requirements of a formal patient assignment protocol, and operational assignment techniques); (3) quality of care (medical and nonmedical care evaluation); and (4) cost analysis (systems and instruments). The feasibility of cost analysis is explored in relation to project costs and other levels of cost analysis. Project costs concern staff functioning and client utilization of project services. Other levels of cost analysis are total programmatic costs, Federal budget costs, taxpayer-recipient costs, and social costs. See also Interim Report 1, SHR-0020163; Interim Report 2, SHR-0020164; Interim Report 3-Volume 1, SHR-0020165; Interim Report 3-Volume 2, SHR-0020166.

362. *Evaluation Process Handbook for Local Government Services.*
City of St. Petersburg, Fla. Management Improvement Dept.
Dec 75, 119p
SHR-0002211 Available from International City Management Association, Report Clearinghouse, 1140 Connecticut Ave NW, Washington, DC 20036.

This manual was written to document the program evaluation method used by the city of St. Petersburg, Fla., to measure the effectiveness of public services. It is intended for use in the internal orientation of management and administrative staff. The primary purpose of the manual is to help local government personnel understand the fundamental nature of service program evaluation and its role in the decisionmaking process. Eleven chapters in the manual set out the evaluation procedures that an evaluator or government decisonmaker would follow in identifying community needs, developing a service program to meet community needs, and assessing the performance and impact of a service program. Evaluation as a management tool, a program evaluation definition, and the evaluation planning process are detailed. Five evaluation designs applicable to government service program evaluation are presented, fol-

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lowed by a discussion of what constitutes a well-designed program evaluation. The remaining chapters are user-oriented and address criteria and performance standards, data collection methods, data preparation, data analysis and interpretation, evaluation reporting, and the use of evaluation data in decisionmaking. Program evaluation concepts are defined in an appendix, and a list of references is provided.

363. *Experiment in Maximizing Human Services Benefits.*
Concho Valley Council of Governments, San Angelo, Tex.
Aug 77, 60p
SHR-0002058 Available from NTIS, PC $5.25/MF $3.00

The activities and experiences of the Concho Valley Council of Governments (CVCOG), serving a 13-county area in Texas, are described as they relate to the establishment of an information and referral network, the coordination of agency activities, and the improvement of opportunities for locally elected officials to influence human resource programming. Representatives of Federal, State, and local human service agencies operating in the Concho Valley region were invited to participate in the development of a service catalog. Steps taken to secure catalog information and develop and maintain the catalog are discussed as is the subsequent development of minicatalogs from the regional catalog. Numerical codes are employed to indicate the general need category served by a given agency service. Various significant issues in the establishment of an information and referral center by the CVCOG are identified: understanding by service agencies of the goals and limitations of the center, capabilities of center personnel, publicity regarding service availability, accessibility of the center, cost factors, and service limitations. Forms for recording client information and reporting information and referral quarterly activity are included. Measures taken by the CVCOG to assist community contacts in performing their information and referral role and to enhance cooperation and communication among service providers are delineated. Particular attention is given to the derivation of a common service schedule, effective utilization of the information and referral network, communication, and the role of locally elected officials in the human service system. Finally, recommendations to improve human resource programming are offered.

364. *Family Impact Analysis.*
Paul Mattessich.
Minnesota Univ., Minneapolis. Family Studies Center.
1977, 103p
SHR-0002142 Available from NTIS, PC $6.50/MF $3.00

This collection of papers was prepared for policy analysts who are involved in the study and formulation of legislation, programs, and administrative rules and procedures that may impact the quality of family life. They reflect the growing concern about the lack of a comprehensive family policy in the United States and represent an effort to develop procedures for family impact analysis. The first paper explores operational definitions of the family concept. Several taxonomies are reviewed, including the approach adopted by the Bureau of the Census and a number of sociological classifications. The latter group of classifications makes a distinction between nuclear and extended families, experimental families, and developmental stages of families. It is suggested that the Family Development Taxonomy and the Intra-Family Systems and Transactional Systems Taxonomy are the two most useful sociological taxonomies for family impact analysis. An annotated bibliography dealing with issues of social policy and the family is provided in the second paper. The final paper presents a preliminary conceptual framework for conducting family impact analysis. The task of the family impact analysis is to determine the unique effects of public policy on the quality of family life and distinguish them

from the effects of other factors in the social environment. Six steps to follow in the preparation of family impact statements are outlined: (1) identify policies which may impact families; (2) specify the probable impact of each policy on various types of families; (3) determine the extent of impact; (4) evaluate probable intended and unintended effects with respect to their contribution to the quality of family life; (5) compare alternative policies; and (6) select the most feasible policy alternative. A list of references is provided.

365. *Family Medical Care: A Design for Health Maintenance.*
George A. Silver.
Yale Univ., New Haven, Conn. Dept. of Epidemiology and Public Health.
1974, 343p
SHR-0002162 Available from J.B. Lippincott Co., East Washington Square, Philadelphia, PA 19106.

The Family Health Maintenance Demonstration (FHMD), an experiment in which a family health team practiced preventive as well as therapeutic medicine, is reviewed 10 years after the health service delivery project was completed and evaluated in 1963. The project was conducted by the Group Practice Unit at the Montefiore Hospital in New York. It consisted of a basic health team of family physicians (internists), public health nurse, and social worker, all of whom complemented each other. There were 150 families in the study group, with each family receiving at least 4 years of observation. The families were selected from Health Insurance Plan participants, and only 21 families dropped out of the experiment. The project was designed to obtain a broad range of information about families and their reaction to the medical care provided by the health team. Patients of all economic classes and occupations preferred the physician's services, while the social worker's services were the least utilized. The public health nurse was widely accepted. Over the 4-year period, the families showed improvement in their physical health, housing, and nutrition, but no particular improvement was noted in the families' emotional health. The future of team health care is assessed. Several tables show the frequency of services' utilization by the families. The evaluation forms and procedures used in the FHMD are furnished in the appendices. This is a major revision of Family Medical Care published in 1963.

366. *Family Systems in the 1970's: Analysis, Policies, and Programs.*
Marvin B. Sussman.
Case Western Reserve Univ., Cleveland, Ohio. Dept. of Sociology.
1971, 17p
SHR-0002149 Pub. in Annals of the American Academy of Political and Social Science v396 p40-56 Jul 71.

Issues and problems faced by different types of families in their association with institutional systems and bureaucratic organizations are addressed. The first section of the report is concerned with theoretical and research issues which provide a perspective for looking at the family as a group and its linkages with nonfamily organizations and institutions in the 1970's. The second section deals with practical applications and needed policies, programs, and strategies for increasing the level of competence of human service systems to meet the expectations, interests, and capabilities of members of variant family forms found in pluralistic societies. Eight traditional family structures are identified: nuclear family (husband, wife, and offspring living in a common household); nuclear dyad (husband and wife alone); single-parent family; single adult living alone; three-generation family; middle-aged or elderly couple; kin network; and second career family (wife enters work force when children are in school or have left home). Emerging experimental family structures include the commune family, unmarried parent and child family, and unmarried couple and child family. Structural properties of kin family systems are discussed.

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Prerequisites for individual and family survival are noted such as competence in using bureaucratic organizations, the family's success in developing management capabilities, and uses by family members of options within a framework of self-satisfaction and concern for others. It is pointed out that the kin network and its member families may assist in individual adaptation to the larger society and, in some situations, influence organizational policies and practices. Modifications in family role relationships and task allocations are examined, and recommendations for the support of marriage and families are offered. The establishment of a national institute for action, advocacy, implementation, legislation, and research in the area of family life is suggested.

367. *Field Experience in Education for Management in Social Welfare.*
Sue Henry, Stanley Good, James O. Hackshaw, Alexander Hawkins and Robert M. Ryan.
Pennsylvania Univ., Philadelphia.
1976, 80p
SHR-0002122 Available from NTIS, PC $6.00/MF $3.00

These nine papers are concerned with improving field experience in education for social welfare management. They are the product of a consultant task force established to test, evaluate, and revise criteria for selecting and organizing field placements and/or learning experiences for students pursuing a master's degree in social work who may function in managerial positions, roles, and settings in social welfare organiztions. Objectives of the task force were to identify knowledge, value, and skill areas in administration to be taught and learned through field practice placements; develop criteria and principles for the selection of field practice assignments and field agencies and principles governing relationships between schools and agencies and their mutual responsibilities; establish guides for linking learning from the classroom and field practice and clarify what content is appropriately taught in which setting; explore possible patterns of field placements to offer important learning opportunities; and develop criteria for the evaluation of field agencies, field practice assignments, student progress, and school/agency relations. The articles focus on values, field teaching in management, field instruction patterns and options, a model for evaluation and performance appraisal, and a model for arranging field learning in management. An annotated bibiliography is provided.

368. *From State Hospital to Integrated Human Service System: Managing the Transition.*
W. Robert Curtis.
Taunton State Hospital, Mass.
1976, 12p
SHR-0002170 Pub. in Health Care Management Review þ39-50 Spring 1976.

The benefits of a matrix organizational structure as a method of managing an integrated human service system are discussed. Two case histories are cited to illustrate different organizational responses to the same problem. They illustrate five sources of tension in human service organizations: categorical functions versus human service functions, centralization versus decentralization, community of interest versus geographic community, specialist versus generalist, and internal cause versus external cause. The traditional human service system is based on categorical functions, centralized decision-making, communities of interest, and services delivered by specialists who treat problems as stemming from internal causes. The arguement is made that such a system cannot provide the required coordination of individuals and agencies necessary for effective mental health care. Each of the five tensions is described and analyzed in terms of the design of a dual management structure, a maxtrix which allows management of both functions and programs simultaneously. This structure is sensitive to

both sides of each tension. The implementation of such a structure at the Taunton State Hospital in Massachusetts between 1970 and 1975 is traced and the benefits and weaknesses of that approach are listed. It is believed that a State human service matrix organizational structure can provide a framework for defining and consolidating certain human service functions and then integrate the remaining functions through a local community or neighborhood human service center. Graphic illustrations of matrix organization are included.

369. *Future Use of Social Networks in Mental Health.*
W. Robert Curtis.
Massachusetts Dept. of Mental Health, Boston.
1 Feb 76, 12p
SHR-0001837 Available from Social Matrix Research, Box 705, Taunton, MA 02780.

Research in social network interventions is reported that focuses on the implementation of change in the mental health field. It is contended that categorical functions, which are hierarchically and philosophically separated, can in some cases be substantially improved and in all cases be better coordinated through social network interventions. Issues that must be clarified in depth if mental health services are to be designed and delivered on the basis of the most effective match between a particular kind of problem, the microsocial system, and intervention are client definition, definition of the intervention and its strategy, and development of an organizational support structure. Within the social network client, there is a structure, relationships between individuals with interactional variables, relationships between individuals and groups to which they belong, and variables capturing information about the entire social network. A framework within which standard criteria and techniques can be formulated to define particular kinds of systems or subsystems to be considered as clients is presented. Two major issues regarding social network interventions are identified. The first is a definition of the actual activity that leads to effective change during an intervention. The second is a definition of the most effective intervenor unit. An organizational support structure for social network interventions .is discussed for mental health. A bibliography is provided.

370. *Guidelines and Criteria for Evaluating Vocational Rehabilitation Programs: A Discussion Paper for the Prime Study Group on Program Evaluation, Tenth Institute on Rehabilitation Services.*
Frederick Collignon, Adam Zawada, Barbara Thompson and Joel Markowitz.
California Univ., Berkeley. Inst. of Urban and Regional Development.
Apr 72, 77p
SHR-0000509 Available from NTIS, PC $6.00/MF $3.00

Criteria and methods for evaluating the effectiveness and quality of services offered by State vocational rehabilitation (VR) programs are presented. Primary emphasis is placed on program and policy issues in VR to be evaluated and the translation of these issues into evaluation criteria. It is noted that the selection of issues and criteria is influenced by many factors, including the type of evaluation and the level and perspective of the evaluator in the rehabilitation system. The processes of evaluation and the establishment of criteria are detailed. Criteria are categorized according to client and community impact, program efficiency and effectiveness, and program management. Consideration is given to the following issues and criteria related to VR programs: (1) program management (service delivery, administrative support, community linkages, management indicators, strategies, and management measurement procedures); (2) program effectiveness (procedures for measuring effectiveness); (3) lower level program efficiency; (4) measurement of lower level efficiency criteria; (5) client and community im-

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pact (case mix, coverage, consumer satisfaction, client work stability, client impact, community impact, and measurement procedures); and (6) higher order efficiency (program budgeting, cost-benefit analysis, and other techniques).

371. *Health Function Concept.*
Charlotte Consortium, N.C.
Sep 72, 291p
SHR-0002051 Available from NTIS, PC $11.00/MF $3.00

Components of the integrated municipal information system (IMIS) in Charlotte, N.C., are described. The five major technical tasks involved in the IMIS project were systems analysis, conceptualization, design, development, and implementation. Work activities and products of each of these tasks are documented. The hierarchical structure of the IMIS is graphically illustrated. Four subsystems are identified: public safety, human resources development, physical and economic development, and public finance. Functions under each task are divided into supporting components, and components are further subdivided into processes. Process descriptions are provided as the basic building blocks of the IMIS and they include an operational description, a flow chart, and summary sheets. The following components of the IMIS are detailed: health program planning and review, health supporting services, communicable disease control and treatment, public health nursing, clincial services, mental health, and administrative/financial services. Procedural information related to the functional concept of the IMIS and a glossary are appended.

372. *HEW Mega-Proposal: Observations of a Participant.*
Frank Levy.
California Univ., Berkeley. Dept. of Economics.
1975, 12p
SHR-0002200 Pub. in Policy Analysis v1 n2 p439-450 Spring 1975.

Issues and constraints involved in DHEW's Mega-Proposal for welfare reform are examined. Activities of various working groups in the development of the proposal are reviewed. They dealt with decentralization, assistance to States and localities, student aid, capacity building and regulation, and revenue sharing. Revenue sharing sections of the proposal decentralize a large number of program decisions to the State level. Decentralization is supported in the article in terms of three rationales: cost control, economic efficiency, and recognition of realities. Particular attention is given to the writing of the Mega-Proposal's section on special revenue sharing in education. The impact of individual Federal programs on the decisions of State and local governments and the appropriate Federal role in individual program areas are explored. Constraints in proposal development are noted as the constraint on analysis imposed by the limits of working group experience, the constraint on writing imposed by the perceived need to advocate ideas to an external audience, and various constraints associated with working on welfare reform. By distinguishing between needy and self-supporting individuals within a family unit, the Mega-Proposal creates a program that provides cash benefits to people who cannot work, and work to people who can. A family's cash benefits are based on the number of individuals defined as not eligible for work.

373. *Home Aide Service and the Aged: A Controlled Study. Part I: Design and Findings.*
Margaret Nielsen.
Benjamin Rose Institute, Cleveland, Ohio. Applied Gerontology Research Center.
1970, 113p Executive Summary available from PROJECT SHARE.
SHR-0002164 Available from Benjamin Rose Institute, Rose Bldg., 2060 East Ninth, Cleveland, OH 44115.

A study was made from 1966 to 1969 to determine the effect of organized home aide service on dischargees experimental the Benjamin Rose Hospital, a geriatric rehabilitation hospital in Cleveland, Ohio. The design for assessing the effects of home aide service involved identifying a panel of participants meeting specified criteria of age and functional status. Some of the participants were allocated to an experimental group provided with home aide service, and others to a control group not so provided. Both groups were followed for a year by research interviewers who, using standardized methods of assessment and observation, measured changes in specific areas of the participants' circumstances, attitudes, and conditions. The interview questions are included. Home aide service was the experimental variable and was designed to provide an alternative to institutional care. Impact of the program was evaluated in terms of three criteria: survival rate, contentment, and institutionalization. It was concluded that the service had no impact on survival. Measures of change in contentment indicated more favorable change in the service sample than in the control group. The most favorable impact on contentment was noted among arthritis or fracture patients. For those without a caregiver in the household, the home aide service program did not prevent institutionalization, but it did seem to contribute to happiness. See also Part II, SHR-0002165.

374. *Home Aide Service and the Aged: A Controlled Study. Part II: The Service Program.*
Helen Beggs.
Benjamin Rose Inst., Cleveland, Ohio. Applied Gerontology Research Center.
1970, 169p Executive Summary available from PROJECT SHARE.
SHR-0002165 Available from Benjamin Rose Insitute, Rose Bldg., 2060 East Ninth, Cleveland, OH 44115.

A home aide service program, offered by a research group, the Associates in Gerontology (AIG), to patients from Benjamin Rose Hospital in Cleveland, Oh., is described. AIG home aid service included not only the specified tasks performed by the home aide for the client and his family, but the full complex of interpretation and case evaluation. Also included was the facilitative, consultative, and supervisory services performed by the home aide supervisors (nurse, social worker, and special consultants), in introducing, developing, evaluating, and maintaining the service. Direct nursing and social work services were not provided, except to facilitate the use of home aide service. Types of tasks performed by the home aide, in order of frequency, included: household tasks, personal care tasks, health care tasks, leisure tasks, and escort service. AIG adopted the policy that the home aide could be trained to do any task that a family member would have been trained to do for the patient. A basic directive given to the service staff was to take no action that might lead to institutionalization of the patient. The AIG staff utilized by the project consisted of a graduate social worker, a registered nurse, two home aid supervisors, and a corps of home aides, totaling as many as 46 aides at one time. The training given the home aides in physical therapy, household management, and nutrition is described; and the Home Aide Policy Manual used for the training is included. See also Part 1, SHR-0002164.

375. *Home Health Services in the United States: A Working Paper on Current Status.*
Brahna Trager.
Special Committee on Aging (U.S. Senate).
Jul 73, 81p
SHR-0002121 Available from NTIS, PC $6.00/MF $3.00

The status of home health services in the United States is assessed. Although there is an increasing need for the development of home health services, it is noted that funding for such services from voluntary sources cannot be secured

to any significant extent because equally imperative pressures from other areas within communities draw on available funds. In 1972, a group of specialists in the field of home health care convened a conference in Columbia, Md., and focused on national policies for in-home services. The in-home service approach emphasizes the development of an array of services to provide care in a continuous and coordinated manner. It incorporates an administrative framework, a well-developed linked set of services that are coordinated with existing institutions and resources, and a funding base that allows for constant and reliable delivery of quality care in the community and in the personal environment. Conference participants emphasized that they do not consider in-home services to be an alternative method of care, since the community rather than the institution is the primary site of care and the array of services provided in the community is intended to make appropriate choices possible rather than to substitute one method of care for another. The benefits of effective home health care programs were evaluated at the conference, and recommendations for improving such programs were offered. Tabular and narrative data on home health services are appended.

376. *Houston Experience in Capacity Building. Volume 1.*
Office of the Mayor, Houston, Tex. Policy Planning Div.
Nov 76, 195p Executive Summary available from PROJECT SHARE.
PB-264 841 Available from NTIS, PC $9.00/MF $3.00

The establishment of a process by the city of Houston, Texas, to improve the ability of key decisonmakers with regard to policy development, planning and budgeting, and management is described. Houston was one of eight projects participating in the capacity building demonstration program of the Department of Housing and Urban Development. The goal of the project in Houston was to develop and implement a policy planning and management process that would aid in planning, managing, and budgeting activities. Four components were significant in the project: (1) development and institutionalization of a policy planning process; (2) derivation of managerial and technical tools to support policy development and implementatiion; (3) realignment of the office of the mayor to support policy planning and management; and (4) building the awareness of key city decisonmakers in support of establishing a successful policy planning and management system. Interrelated planning processes of the project were policy planning, operational planning, budgeting, and capital improvements programming. Particular attention was given to the formulation of policy for such areas as housing, urban growth, social services, and economic development. The capacity building experience in Houston suggests that a city's ability to develop and implement a comprehensive design for capacity building is influenced by several factors, including staff credibility and capacity, direction, stability, and support. See also Volumes 2-4, SHR-002189—0020191.

377. *Houston Experience in Capacity Building. Volume 2: Appendix A, Policy Issue Papers.*
Office of the Mayor, Houston, Tex. Policy Planning Div.
Nov 76, 289p Executive Summary available from PROJECT SHARE.
PB-264 842 Available from NTIS, PC $11.00/MF $3.00

Policy development activities and the need for an annual policy plan are reviewed in this appendix to a report on the capacity building demonstration program of the Department of Housing and Urban Development in Houston, Texas. Policy issues concerning housing (supply and demand projections, citizen participation, and the establishment of citywide objectives), urban growth (how, when, and where the city wants to grow), economic development (nonjob development strategies and roles for the city

and the business community), and social services (options for a model city transition and interim recommendations) are analyzed. Specific consideration is given to housing policy plan development, community development strategies, coordinated planning of urban growth policy, economic development technical assistance grants, and planning policy for multiservice center program development. See also Volume 1, SHR-0020188; Volume 3, SHR-0020190; Volume 4, SHR-0020191.

378. *Houston Experience in Capacity Building. Volume 3: Appendix B, Budgeting and Management.*
Office of the Mayor, Houston, Tex. Policy Planning Div.
Nov 76, 426p Executive Summary available from PROJECT SHARE.
PB-264 843 Available from NTIS, PC $14.00/MF $3.00

Discussion papers relating to centralized budgeting and management and excerpts from budget manuals and capital improvements programming documents are presented in this appendix to a report on the capacity building demonstration program of the Department of Housing and Urban Development in Houston, Texas. The following aspects of budget and management are addressed: (1) organizational analysis (planning and budgeting in the office of the mayor, possible functions performed as part of policy development in the city of Houston, possible functions performed as part of centralized budgeting and management in the city of Houston, and suggested roles of executive assistants in policy planning and budgeting and management); (2) operating budget (1975 budget manual and flow chart of the 1975 budget process, 1975 annual operating budget, issues for budget improvement, 1976 budget manual, operational planning and budgeting, and expenditure calculation procedures); and (3) capital improvements programming (forms, procedures, and instructions). See also Volume 1, SHR-0020188; Volume 2, SHR-0020189; Volume 4, SHR-0020191.

379. *Houston Experience in Capacity Building. Volume 4: Appendix C, Housing Model.*
Office of the Mayor, Houston, Tex. Policy Planning Div.
Nov 76, 255p Executive Summary available from PROJECT SHARE.
PB-264 844 Available from NTIS, PC $10.75/MF $3.00

Documentation supporting a housing calculation tool developed in the course of the Department of Housing and Urban Development's capacity building demonstration program in Houston, Texas is provided. Included are details of the housing model concept, programming specifications, data base characteristics and content, and basic assumptions. The housing model is defined as a tool for independently projecting housing supply and demand. It consists of a data base, a population and household forecast routine, a unit preference routine, a housing unit forecast routine, a unit preference and housing unit matching routine, and a preference shift routine. Programming specifications for file creation and population assumptions, population and housing unit forecasts, and matching and preference shift algorithms are detailed. Population, household, and unit preference assumptions of the housing model are examined. A discussion paper on the development of a community profile information system is included. See also Volumes 1-3, SHR-0020188—SHR-0020190.

380. *Human Factors Evaluation of Transbus by the Elderly.*
Booz-Allen Applied Research, Bethesda, Md.
28 May 76, 103p
PB-264 757 Available from NTIS, PC $6.50/MF $3.00

Tests conducted to assess provisions for the elderly in the design of prototype Transbus vehicles are described and evaluated. The 33 test participants, who were volunteers living in

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Arizona, are described with details of their age, sex, weight, height, elbow height, maximum overhead reach, pull strength, and vision capability. The test articles were three prototype Transbuses from General motors, AM General, and Rohr Industries. A different prototype bus was evaluated each day, and the test sequences consisted of an evaluation questionnaire (included), bus capacity tests, boarding/alighting tests, visibility tests, and door closing tests. Responses of the elderly to the questionnaire were compared with responses given by public demonstration groups. The elderly responses were more critical. Both groups rated mobility features as most important. Elderly test subjects criticized lack of, or poor design of, passenger assists on the Rohr and AM General prototypes. Numerous graphs, charts, and bus diagrams are provided to illustrate the test results, and references are included.

381. *Human Services and Resource Networks. Rationale, Possibilities, and Public Policy.*
Seymour B. Sarason, Charles F. Carroll, Kenneth Maton, Saul Cohen and Elizabeth Lorentz.
Yale Univ., New Haven, Conn. Dept. of Psychology.
1977, 201p
SHR-0002186 Available from Jossey-Bass Publications, 615 Montgomery St., San Francisco, CA 94111.

The term network, defined as the wide array of interrelationships formed and enjoyed by an organization or individual, is discussed. Literature relevant to the network concept is organized and reviewed and the theoretical concepts involved are illustrated by the study of a project entitled the Essex network. The Essex study documents the efforts of a group of individuals to develop and sustain a network which facilitated a mutually beneficial exchange of resources and ideas. Brief descriptions of project activities trace the network's growth. The relationship of the Essex network to a larger triuniversity network is discussed, and the significance, functions, and purposes of the general meeting format for network growth and development are examined. Issues of leadership and funding are addressed. It is contended that the primary force in the establishment of a network lies in the realm of ideas and values rather than focusing on one particular individual. Consideration is given to setting, values, networks, and resources; to the meaning and distinctiveness of networks; and the network conceptualizations and change. A list of references and an index are included.

382. *Impact of Welfare on Family Stability.*
Blanche Bernstein and William Meezan.
New School for Social Research, New York. Center for New York City Affairs.
Jun 75, 136p Executive Summary available from PROJECT SHARE.
PB-244 179 Available from NTIS, PC $7.25/MF $3.00

The Aid to Families with Dependent Children (AFDC) program is examined in an effort to determine whether the welfare system, by providing an optional source of income, is contributing to the breakup of families at low-income levels, and whether there is an attempt by low-income families to maximize income. Income maximization is a means of welfare manipulation whereby the family merely pretends to break up so that the wife and children can go on public assistance and still retain the father's earnings. Sources of information for the study were: (1) census information from current population surveys, and (2) interviews with about 500 AFDC mothers. The questionnaire is described, but not included. Data indicate the proportion of female-headed families is very high at the lowest income level where welfare grants often are larger than the earnings of an unskilled breadwinner, and the percentage of female-headed families is twice as large among black and Hispanic families as among white families. About 54 percent of the AFDC families

have no more than two children in the home. Reasons for the breakups of the relationships are compared between married and unmarried women. It is concluded that 21 percent of AFDC mothers are using welfare to maximize family income; in about 75 percent of the cases, however, the relationship ended because of tensions and not because of an intent to manipulate the welfare program. Community leaders feel that there is a danger welfare may become a lifestyle for persons accepting it. Further opionions of these experts, some of whom are Family Court judges, are included. Appendices describe the study methods, and many tables interpret the data. The grant from OEO was administered by Hudson Institute, Croton-on-Hudson, New York 10520.

383. *Implementation Game: What Happens After a Bill Becomes a Law.*
Eugene Bardach.
California Univ., Berkeley. Graduate School of Public Policy.
1977, 323p
SHR-0002127 Available from MIT Press, 28 Carleton St., Cambridge, MA 02142.

The problems of program implementation are examined in an attempt to analyze the political and bureaucratic games contributing to the failure of many Federal grant-in-aid programs and policies. Program activities must be carried out by disparate organizations and individuals who endeavor to achieve required objectives, keep costs down, and reduce delay. Adverse effects on a program may be experienced as a result of diversion of resources, the deflection of policy goals, and the dissipation of political and personal energies resulting from 'game playing'. An implementation scenario should include the basic policy concept and program elements, and problems of social entropy such as incompetency, variability in the objects of control, and coordination must be recognized. Program administration must face the dilemmas of tokenism and massive resistance through devices of deterrence, incentive, prescription, or attempting to enable the controller and the controlled to have the same goals. The role of the fixer, who must be able to intervene effectively in program implementation, is a job for a coalition of political partners with diverse but complementary resources. The implementation of the Lanterman-Petris-Short mental health reform law enacted by California in 1967 is traced as an example of how a sponsor of reform legislation must be actively involved in its implementation. Finally, practical recommendations are offered for structuring an effective framework for implementation. Appendices include the impact of the act examined and the methodology of the study.

384. *Improved Consumer Access to Human Services Through Decentralized Multiservice Centers.*
Leland L. Beik and Scott M. Smith.
Pennsylvania State Univ., University Park. Center for Human Services Development.
1975, 58p
SHR-0000695 Available from NTIS, PC $5.25/MF $3.00

The study estimates the logistical advantages for consumers which result from offering the services of several former categorical agencies in geographically decentralized multiservice centers of the United Services Agency (USA) in Pennsylvania. Emphasis is placed on areas in Luzerne County where initiation of the USA modified consumer access to desired services improved access, miles of travel and USA savings for consumers, consumer dollar and time savings, and consumer advantages from decentralized centers are analyzed. Mileage, cost, and time savings were demonstrated for approximately 40 percent of consumer trips to centers, as represented by service contacts. Rural consumers assumed a disproportionate share of travel costs but were favored to a slightly greater extent by decentralization than were urban consumers. The impact of decentralizations

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was influenced by both distance of the center from former agencies and contact volume. Consumer savings were estimated to be 9.3 miles, 19 minutes, and $1.12 per round trip. Total savings for the month of April, 1975, were estimated as 34,000 miles, 1,170 hours, and $4,090. Some consumers saved more than others when many trips to a center were required and when trips to two or more categorical agencies would have been necessary. For 1975, it was determined that consumer savings were about 400,000 miles, 14,000 hours, and $49,000. A list of references is provided. Appendices contain additional information on sampling techniques used in the estimates and cost calculation procedures.

385. *Indicators of the Status of the Elderly in the United States.*
Institute for Interdisciplinary Studies, Minneapolis, Minn.
1974, 356p Executive Summary available from PROJECT SHARE.
SHR-0000676 Available from NTIS, PC $12.50/MF $3.00

Indicators for assessing the status of elderly persons are developed, social indicators being defined as measures for reporting the status of elderly persons with respect to various aspects of problem-solving capability. Five applications of social indicators are detailed: (1) assessing the quality of life and documenting social problems; (2) policy design and evaluation; (3) advocacy for social or political action; (4) program evaluation or measurement of program impact; and (5) analysis and description. Events viewed as critically important to problem-solving are events and processes (declining health and economic status and the attenuation of social contacts), cultural norms and values about the elderly, and cohort characteristics. Economic status consists of three major components: income, assets, and liabilities. Health status refers to the general heath status of the elderly in terms of their ability to function. Events and processes associated with aging that cause people to reduce their level of social involvement are discussed. It is noted that many of the problems of old age can be traced to cultural norms defining the position of older people in society and to cultural values influencing perceptions of old age. It is also stated that the quality of life for the elderly is not completely determined by events and processes associated with aging or by contemporary social conditions. Numerous social indicators are identifed and described, and their significance to DHEW's Administration on Aging is discussed. Recommendations on the use of such indicators are offered. Additional information on social indicator development and a bibliography of publications relating to social indicators are appended.

386. *Intergovernmental Issues in Human Services Delivery: Children's Services in California.*
Urban Management Consultants of San Francisco, Inc., Calif.
Jan 75, 127p Executive Summary available from PROJECT SHARE.
PB-259 721 Available from NTIS, PC $7.25/MF $3.00

Issues faced by Federal, State, and local agencies in the administration and delivery of services to children in California are identifed and discussed. The report is based on interviews with elected officials, general-purpose government staff, and program personnel in four counties (Orange, San Diego, Fresno, and Santa Clara). Also interviews with State administrators and agency staff, Federal regional office personnel, and representatives of private groups are used. Four categories of services to children are examined: child welfare, child care and preschool education, child health, and child justice. Funding and organizational aspects of these services are addressed. Title IV of the Social Security Act, as amended in 1968, constitutes the major source of Federal funding for child and family social services. California provides social services through a county-administered and State-supervised delivery system. Signifi-

cant issues in each of the service areas are enumerated and analyzed. A list of contacts made in the course of program and service evaluation and a bibliography are appended. Organizational charts for each service area are included.

387. *Intervention in Human Services.*
Eveline D. Schulman.
Morgan State Coll., Baltimore, Md.
1974, 235p
SHR-0002158 Available from C.V. Mosby Co., 11830 Westline Industrial Dr., St. Louis, MO 63141.

This textbook on human service intervention is designed for use by a heterogeneous population ranging from individuals in short-term training within an agency to those in 4-year undergraduate programs related to human services. Training in knowledge and training in skills are integrated in the textbook, and explanations of concepts precede exercises for developing skills associated with those concepts. A layered approach to training is taken. Four major aspects of training for human service intervention are considered: (1) observation (learning to observe, record, and report); (2) interviewing procedures and goals (types of interview relationships and background, psychological, situational, and behavioral determinants influencing interviews); (3) identification of client needs through interviews (interview goals and phases of interviews); and (4) transition from interviewing to counseling (expressive skills of communication, empathy, genuineness, and nonpossessive warmth). A glossary, selected psychological tests for self-understanding, and sources of audiovisual and other aids for human service workers and curricula development are appended. A list of references is provided.

388. *Issues in Developing a Community Corrections Information System.*
Kirk T. Phillips.
Minnesota State Dept. of Corrections, St. Paul. Div. of Research and Information Systems.
Sep 77, 81p
SHR-0002133 Available from NTIS, PC $6.00/MF $3.00

This planners' guide focuses on significant issues in the development of information systems in counties affected by the implementation of Minnesota's Community Corrections Act. The Community Corrections Act, enacted in 1973, provides for county-level decisionmaking and for the development of local decisionmaking resources. Rules promulgated for the act stipulate that research and information systems be developed to facilitate decisionmaking. General issues associated with the development of a community corrections information system are examined, including a phased approach to system development, system proposals of the Minnesota Department of Corrections, system documentation and utilization, and privacy/security guidelines. Two functional reporting areas assumed by county area information systems are detailed. First, administrative procedures for meeting State reporting requirements are given. Minimum data elements and the annual population report required by the Department of Corrections are noted. Second, an optional reporting process to the Bureau of Criminal Apprehension is offered. Consideration is given to administrative procedures that may be substituted for manual reporting by probation officers and other correction administrators. Selected system development processes used in four county areas of Minnesota are discussed. Procedural information and forms for use in information system development are included in attachments. See also, SHR-0001971.

389. *Issues in Promoting Health. Committee Reports of the Medical Sociology Section, American Sociological Association.*
David Mechanic and Sol Levine.
Wisconsin Univ. - Madison. Center for Medical Sociology and Health Services Research.
May 77, 101p

389.

SHR-0002199 Available from J.B. Lippincott Company, East Washington Square, Philadelphia, PA 19105.

This compilation of articles is comprised of committee reports of the American Sociological Association dealing with issues related to the promotion of preventative health and health maintenance, as well as the organizational consequences of varying national programs. The purpose of these articles or reports is to stimulate interaction between social scientists, health professionals, policymakers, and other interested participants in the health area. The eight articles address the following topics: (1) social organization and control in medical work; (2) humanizing health care and the implications of technology, centralization, and self-care; (3) selected psychosocial models and correlates of individual health-related behaviors; (4) social support and health; (5) psychologically-related illness and health service utilization; (6) non-health service determinants of health levels, with conceptualization and public policy recommendations; (7) sociomedical health indicators and their implications for the evaluation of health services; and (8) sociocultural barriers to medical care among Mexican Americans in Texas. Supporting tabular data are provided in some of the articles. A list of references is included at the end of each article. Supplement to Medical Care, volume 15, number 5, May, 1977.

390. *Joint Local State Comprehensive Human Service Planning and Delivery in Virginia. A Report on Virginia's Efforts.*
Patti Ann Chrzan, Joy T. Margrave, Chrichton J. Armstrong and Margaret Smith.
Virginia Office of the Secretary of Human Resources, Richmond.
Sep 77, 72p
SHR-0002143 Available from NTIS, PC $5.25/MF $3.00

The progress made by 10 pilot project efforts in Virginia to initiate and maintain improved methods of human service delivery at the end of the second year of a 3-year 1115 research and demonstration grant from DHEW is evaluated. The projects are located in Arlington County, Carroll County, County of Charles City, Fairfax County, Montgomery County, and Washington County and in the cities of Chesapeake, Hampton, Roanoke, and Portsmouth. The following aspects of service integration are discussed: governance, agency board, integrator, program planning and evaluation, training, joint budgeting, client reception, case assessment, service plan, services provided, second year activities, citizen and client advisory board, ancillary support services, service delivery, central records, outreach, followup, needs assessment, information and referral, colocation, individual service providers, and liasison. The impact of substate regional structures created by human resource agencies during 1976-1977 is assessed. The intergovernmental waiver process and the methodology used to evaluate service integration by the 10 projects are detailed. Questions to be asked in the course of evaluation and data collection forms are appended.

391. *Let Older People Speak for Themselves. An Assessment of Need in the KIPDA Area Development District.*
Human Services Coordination Alliance, Inc., Louisville, Ky.
1 Mar 76, 168p
SHR-0001226 Available from NTIS, PC $8.00/MF $3.00

Procedures for assessing the needs of elderly persons are presented in this volume comprised of appendices to a report prepared by the Human Services Coordination Alliance for Louisville and Jefferson counties in Kentucky. The first appendix concerns index construction, specialized data analysis techniques, and independent variables and their derivation. The construction of health status, emotional health status, self-care/self-maintenance, health serv-

ice need, nutrition, internal conditions, ratio of persons per room, indoor plumbing, and housing problem indices is detailed. The remaining six appendices contain a selected bibliography, a list of question numbers and variable numbers, a list of tables, the interview questionnaire, a training manual, and a field guide, all of which were employed in or resulted from the assessment of need study. See also parent document, SHR-0001058.

392. *Managing Social Services in a Period of Rapid Change.*
Charles W. Williams.
Stanford Research Inst., Menlo Park, Calif. Center for the Study of Social Policy.
1972, 6p
SHR-0002119 Pub. in Welfare in Review v10 n3 p19-24 May-Jun 72.

Dynamic aspects of social and rehabilitation service delivery systems are considered. Historical developments in and studies of social change are reviewed in relation to the management of social services. The importance of developing a sociological accounting system is stressed. Various perspectives on the rate of social change are discussed. Four significant themes in a conference sponsored by the American Society for Public Administration are enumerated: (1) there is a significant need for reform in institutional performance throughout all social subsystems; (2) planning should be the most effective decision tool to manage transition; (3) better planning techniques must be devised to effect change; and (4) common dilemmas shared by decisionmakers, administrators, and planners must be resolved. Challenges faced by managers of social services in the 1970's are discussed. It is recommended that the policy process shift from a reactive to an anticipatory mode in order to achieve innovative and adaptive social service delivery. Dynamic factors most likely to affect social and rehabilitation service delivery systems include behavioral technologies, cybernetic technologies, shifting demands, downward urban trends, level of growth rates in public expenditures, more competition for public resources, trends toward decentralization, and expanded forms of accountability.

393. *MBO-an Innovative and Creative Approach to Supervision in a Public Welfare Agency.*
Victorina Alvarez Peralta.
Philadelphia Dept. of Public Welfare, Pa. Div. of Aging.
13 May 75, 18p
SHR-0001327 Available from National Council on Social Welfare, 22 W. Gay St., Columbus, OH 43215.

This presentation at the 102nd National Conference on Social Welfare in 1975 concerned the influence of a management by objectives (MBO) approach on supervision in public welfare agencies. Supervision is a dynamic process in which individual workers responsible for carrying some part of an agency's service plan are assisted by a designated staff member to make the best use of their knowledge and skills. The role of the supervisor is to facilitate, motivate, and enable workers to improve their abilities so that they can deliver services more effectively to clients. The philosophy of management embodied in MBO is discussed. An example is cited to show the dynamics of MBO when it is integrated within top-level supervision and to demonstrate its effectiveness as a supervisory tool with problem-solving and goal-reaching devices. The three components of MBO are identified as what is to be achieved, why a particular goal is to be reached, and how a particular goal is to be achieved. The methodology employed by the Philadelphia (Pa.) Department of Public Welfare's Adult and Aging Services to implement MBO is detailed. It involves four steps: climate setting, establishing objectives, developing goals, and implementation. It is felt that MBO provides an opportunity for dialogue between and among supervisors and subordinates, as well as an opportunity to locate, identify, assess,

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and resolve problems. Presented at the National Conference on Social Welfare (102nd), San Francisco, May 13, 1975.

394. *Measuring the Community Impact of Mental Health Services.*
Gerald Landsberg and Roni J. Hammer. Maimonides Community Mental Health Center, Brooklyn, N.Y. Program Analysis and Evaluation Section.
Aug 77, 65p
SHR-0002123 Available from D and O Press, 4802 Tenth Ave., Brooklyn, NY 11219.

A broadly based conceptual framework for evaluating the impact of community mental health services is proposed in this workbook. The increasing importance of public accountability for mental health programs is noted, with particular emphasis on program evaluation. Program evaluation is mandated as a necessary management activity by the Community Mental Health Center Act of 1975 (P.L. 94-63). The significance of precise conceptualization in evaluation is stressed. Problems inherent in the conceptualization process for evaluating the impact of community mental health services are delineated. They include semantic and definitional problems and problems created by the values and the methodological framework employed in mental health research. Elements for inclusion in a conceptual framework for evaluation are identified. Steps involved in defining the impact of community mental health services are outlined. They encompass a statement of overall goals and the translation of goals into measurable objectives. The following objectives of evaluation are offered: decrease inappropriate utilization of State psychiatric hospitals; provide accessible and high quality treatment to all patients in need; increase the rate of recovery from mental disorder and minimize negative economic psychological and social effects on the patient, family, and community; increase community acceptance, understanding, and support of mental health; work with existing community agencies; insure that centers promote rather than disrupt community and social systems; and insure that services are delivered in a cost-effective manner. Illustrations of approaches used to study impact in five selected areas related to community mental health are provided. An extensive bibliography on program evaluation is included.

395. *Microdata Sampling System: Proposed Measurement Design.*
Northwest Foundation for Human Services, Boise, Idaho.
1 Aug 76, 128p
SHR-0001755 Available from NTIS, PC $7.25/MF $3.00

A measurement strategy is proposed for use in conjunction with microdata sampling system (MDSS). The objective of the MDSS is to provide Federal and State management personnel with information that will aid in evaluating the effectiveness of the Title XX program. Ths MDSS represents an attempt to go beyond the management reporting mechanism known as the social services reporting requirement (SSRR) by focusing on outcome measurements derived from cost-reducing statistical techniques. Goals of the Title XX program are examined in relation to the need for evaluation information. The logic for the proposed sampling plan to obtain data on the characteristics of a population is based on the view of social services as a system consisting of input, processing, and output components. The proposed data gathering system is detailed, with consideration given to each of the five goals of Title XX: self-support, self-sufficiency, protective services, alternatives to institutional care, and institutionalization. The MDSS evalutes the effectiveness of Title XX services by measuring outcomes for each of the five goals. The proposed MDSS measurement strategy is intended for implementation in a simple form, with the initial design capable of being made more sophisticated through subsequent research and demonstration projects in various States. Portions of this document are not fully legible.

396. *Monitoring Handbook. A Management Guide.*
Northwest Regional Educational Lab., Portland, Oreg.
Jan 75, 104p
SHR-0001372 Available from NTIS, PC $6.50/MF $3.00

A how-to manual intended to assist program and project officers and managers in DHEW Region X in reviewing the adequacy of existing monitoring practices and to serve as a guide to the monitoring process is provided. Monitoring is defined as internal or external review of the operations of a program or project to ensure that legal requirements and administrative guidelines are being met and that stated goals are being addressed. Management prerequisites for monitoring are discussed for four management functions: planning, organizing, staffing, and directing. Four other management functions—controlling, operating, reporting, and budgeting—are implicitly covered in material about model implementation. A comprehensive model for developing a monitoring plan containing input, process, and output elements is described. Implementation of the model involves premonitoring planning decisions and concerns, as well as the elements of input, process, and output. Sample forms and charts are included. Appendices discuss additional forms and information about Federal regulations, basic skills for discussing interpersonal relations, choosing a leadership pattern, a budget summary, and use of the model in various DHEW programs. A bibliography is included.

397. *Monitoring Social Service Programs: A Manual for Use by a Voluntary Council.*
Community Council of the Capitol Region, Hartford, Conn.
Jun 76, 78p
SHR-0001970 Available from NTIS, PC $6.00/MF $3.00

This manual for monitoring social service projects was developed by the Demonstration Projects Committee of the Community Council in Hartford, Conn., and is part of an ongoing effort by the council to devise systematic and standardized methods for evaluating social service programs. Six goals of the manual are to help the council determine the level of evaluation which is to be undertaken, to serve as a guide for monitoring social service programs, to provide the council with a standard framework and procedure for monitoring, to provide program staff and funders in agencies other than the council with a clear outline of monitoring procedures, to illustrate to program staff and funders that monitoring is a process from which they receive benefits, and to explain the role of monitoring in a citizen-based council. In monitoring, it is assumed that a project is being evaluated over time. Elements involved in monitoring against stated goals and objectives are listed and procedures for monitoring are detailed in terms of when it should be conducted and what should be monitored. Guidelines for the preparation of a monitoring design are given and steps in this preparation are outlined, including the identification of outcomes, the selection of monitoring tools, pretesting, and final statement of monitoring design. Implementation aspects of the monitoring design are discussed, and the role of committees and subcommittees in the monitoring process is examined. Appendices contain additional procedural information and forms related to monitoring, as well as a summary of projects monitored by the Community Council.

398. *Monitoring the Outcomes of Social Services, Volume I: Preliminary Suggestions.*
Annie Millar, Harry Hatry and Margo Koss.
Urban Inst., Washington, D.C.
May 77, 142p Executive Summary available from PROJECT SHARE.
SHR-0001965 Available from Urban Institute, 2100 M St., NW, Washington, D.C. 20037.

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Monitoring social services outcomes on a regular basis is discussed as a good indication of service trends, progress and problems. Monitoring procedures or techniques appropriate for implementation by State or local jurisdictions are outlined. Preliminary procedural suggestions, developed from an examination of the design, implementation and results of past research and test activities are the basis of Volume I. A second volume reports on monitoring efforts in selected projects. Following a summary of the scope, a research description, and a description of the principle procedures recommended, the study examines client outcome information to be obtained and some issues in using the client outcome questionnaire. Other procedural issues in client outcome monitoring and suggestions for the validation of monitoring procedures are discussed. Also included are an illustrative set of questions for monitoring client outcomes and citizen surveys of unmet need, along with a brief review of some past social services evaluation activities. A selected bibliography is appended. See also Volume 2, SHR-0001966.

399. *Monitoring the Outcomes of Social Services, Volume II: A Review of Past Research and Test Activities.*
Annie Millar, Harry Hatry and Margo Koss.
Urban Inst., Washington, D.C.
May 77, 102p Executive Summary available from PROJECT SHARE.
SHR-0001966 Available from Urban Institute, 2100 M St. NW, Washington, DC.

Past research and test efforts designed to assess the outcomes of social services are reviewed in this volume. Activities covered are limited to efforts that contained at least one actual trial of the procedure; procedures in planning stages were not included. The emphasis is on activities in 1975 or before; however, a few more recent studies have been included. Measurement issues, client satisfaction, estimating unmet need for services, and measures of outcomes aimed at specific services are all examined. Title XX legislation goals are used as starting points for discussions of goal interpretation and formulation of specific performance measures in a variety of followups done by social service agencies. Procedural issues of interest related to the determination of the client's lessening of economic dependency include the timing of the interview, the choice of what to measure, and the grouping of clients by common characteristics. The basic approach for assessing the results of services designed towards preserving families is to assess the extent to which the individual and collective needs of family members are being met. In determining the appropriateness of care provided an institutionalized individual, the classification of individuals by their need for services is important. This classification would be based on both the client's functioning level and the resources available outside the institution. A sample client consent form for followup interviews and a selected bibliography are included in the report. See also Volume 1, SHR-0001965.

400. *Multiservice Neighborhood Center. I: Neighborhood Challenge and Center Response. II: Organizational Structure and Selected Issues.*
Edward J. O'Donnell and Otto M. Reid.
Urban Inst., Washington, D.C.
1972, 19p
SHR-0002118 Pub. in Welfare in Review v10 n3 May-Jun 72.

The extent to which multiservice neighborhood centers address problems in their service areas was studied nationally in 1971. Consideration was given to neighborhood challenges and center responses and to organizational structures and selected issues. Neighborhood problems identified by center administrators were inadequate recreational facilities, widespread unemployment, housing, school dropout, and drug abuse. Centers dealt successfully with some, but not all, of these problems. An incongruence

was observed between the way administrators define problems and the way their centers handle problems. Most centers seemed to have a fairly simple organizational structure. Administrators tended to keep formal rules to a minimum and were less concerned with formal organization and authority than they were with whether workers were doing a good job. Professional workers were most likely to be employed full-time, and semiprofessional workers to be employed part-time. Centers engaged in a combination of individual and group activities and relied on a generalist approach to problem solving. They called other referral agencies and set up appointments for clients, although few provided direct transportation or went with clients on a regular basis. Social workers and teachers were the only professionals represented in any substantial number in the centers. About half of the centers had at least one worker outstationed from another agency. Relatively few formal opportunities for case coordination and service integration were provided, and few administrators adopted family orientation or neighborhood group integration as focal points for their centers. The implications of the study findings for policy, programming, and further research are discussed. Supporting data are provided.

401. *Multi-State Information System: An Overview.*
Rockland Research Center, Orangeburg, N.Y. Information Sciences Div.
1973, 108p
SHR-0000937 Available from NTIS, PC $6.50/MF $3.00

A description of the Multi-State Information System (MSIS), a computer-based clinical and administrative management information system for mental health programs, is provided. The MSIS is located at the Information Sciences Division of the Research Center at Rockland State Hospital in Orangeburg, N.Y., and remote access is also available via computer terminals in certain Mid-Atlantic and New England States. The system services programs operated by State Departments of mental health and individual mental health facilities. The following aspects of the MSIS are discussed: recording information, terminal activities, data flow, uses of data, modes of participation in the system, services to participants, and legal protection of data. Components of the MSIS are admission, change in status and location, and termination; direct patient services; recording of all other staff activities; patient progress monitoring and clinical management aids; monitoring of drug prescriptions; problem-oriented psychiatric records; and collection of other patient data. The statistical and list retrieval capabilities of the MSIS are examined in relation to report types and variables, the generalized alphabetic listor (GALS), the statistical report generator (STARGEN), the use of GALS to amplify STARGEN tables, and the extract file. Sample computer forms and printouts are included.

402. *Needs Assessment in a Title XX State Social Services Planning System.*
George Corcoran, E. D. Anderson and Carol J. Latta.
Research Group, Inc., Atlanta, Ga.
Apr 75, 33p
SHR-0001134 Available from Research Group, Inc., 1230 Healey Bldg., 57 Forsyth St. NW, Atlanta, GA 30303.

Guidelines to aid Title XX agency planners in the development and conduct of a statewide needs assessment are presented and major concepts involved in identifying the extent of needs for social services are defined. A simple procedure, broken down into steps, is detailed whereby Title XX agency planners can determine and document specific needs in their own State and use this data in the development of a comprehensive annual services program plan. Forms for summarizing the results of a statewide needs assement in the services plan are included. Five key concepts in needs assessment under Title XX are analyzed: needs, needs data, needs by statewide priority, high priority

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needs and decisionmaking, and needs used in goal and objective setting and in resource allocation. Suggested forms for summarizing needed services and resource utilization are included. Some basic steps in a statewide needs assessment are described as the development of a work program, the collection and analysis of data, and the utilization of data for decisionmaking.

403. *New Methods for Delivering Human Services.*
G. Brian Jones, Charles Dayton and H. B. Gelatt.
American Institutes for Research, Palo Alto, Calif.
1977, 140p
SHR-0002190 Available from Human Sciences Press, 72 Fifth Ave., New York, NY 10011.

Strategies for human service program planning and evaluation are described and some of the basic problems confronting human service programs are delineated. These include limited budgets, increasing demands for results, and a lack of necessary skills to identify and effectively address needs. A plan for the improvement of guidance services is introduced, along with a systematic model and process for effective program planning and evaluation. One aspect of the model, the selection and development of assessment instruments for evaluating desired outcomes, is given particular attention. Types of assessment instruments are noted such as observational techniques, interviews, questionnaires, followup studies, card sort techniques, the critical incident technique, and the Delphi technique. Activities and products associated with the establishment of program goals are discussed. Building on the planning and evaluation model, the issue of helping human service personnel acquire the knowledge and skills needed to employ this approach is addressed. The nature of the staff development learning approach is illustrated and summarized. The process of selecting and developing guidance and educational activites for clients is outlined and actual programs in operation that incorporate various planning and evaluation strategies are cited. An annotated list of references is provided. Volume 2 in the New Vistas in Counseling Series.

404. *Nursing Home Decision Makers and the Social Service Needs of Residents.*
Michael J. Austin and Jordan I. Kosberg.
Florida State Univ., Tallahassee. School of Social Work.
1976, 9p
SHR-0002172 Pub. in Social Work in Health Care v1 n4 p447-455 Summer 1976.

A pilot study was conducted with a sample of Florida nursing home administrators and directors of nursing to evaluate their perceptions of the social component of care, the status of social services in their nursing homes, and the congruence of care provided with social work values and principles. An interview schedule was devised that encompassed social components of care by inquiring about individualization, care and treatment, and attitudes toward social services and social workers. The sample included 27 administrators and 21 directors of nursing, each independently interviewed in depth to learn about their perceptions and attitudes. The findings of the study reflected a shared view of administrators and directors of nursing that the social needs of residents can be met through improved patient care. The social component of care was recognized by administrators but tended to be viewed as secondary to the physical aspect of care. There appeared to be considerable receptivity to the need for social services but an inability to conceptualize a comprehensive social service program. There was also a general awareness on the part of administrators and directors of nursing of the need to individualize care. Recognition of the need for and functions of social services was limited. This article is a revised version of a paper presented at the Annual Meeting of the Gerontology Society, Oct., 1975, Louisville, Ky.

405. *Optimizing Social Policy for Families.*
June Axinn and Herman Levin.
Pennsylvania Univ., Philadelphia. School of Social Work.
1972, 7p
SHR-0002180 Pub. in Family Coordinator, v21 p163-169 Apr 72.

The extent to which family goals and individual goals are compatible within a framework for optimizing social policy is evaluated. It is noted that public programs define the family as an economic unit and that this definition highlights the conflict between young and elderly persons for support. A dilemma in public policy is reported between the view that strengthening family life and enhancing family stability are primary legislative goals and the view that assisting individuals to attain or retain personal independence and self-care is most important. Political and economic factors affecting family welfare are examined for the nuclear family and the extended family. Family-related laws and policies are reviewed from a historical perspective. It is argued that one of the choices that may be offered to society is the choice of a family unit to which individuals would be related and for which they would accept some responsibility. Paper presented before the faculty of Bryn Mawr, Temple University and the University of Pennsylvania Schools of Social Work at a Social Welfare Colloquium.

406. *Organizing for Human Services.*
Michael J. Murphy.
International City Management Association, Washington, D.C. Management Development Center.
1977, 24p
SHR-0002169 Pub. in Management Information Service Report v9 n6 p1-22 Jun 77.

This report is concerned with the organization and delivery of human service programs, with emphasis on alternative strategies and organizational techniques for use at the service delivery level to make human services more accessible to citizens. Options available to city and county governments in organizing a central administrative structure for carrying out human service functions are examined. They include the integration of local government agencies dealing with human service issues into a single human service department, the expansion of the responsibilities of an existing department, the employment of a human service coordinator, contracting mechanisms, and intergovernmental and regional approaches. Each option is detailed, and examples of the implementation of the options are cited. Innovative organizational approaches at the delivery level are discussed. Consideration is given to information and referral systems, multipurpose centers, management information systems, and outreach. Key elements that make a human service program successful in its daily operation are identified in relation to program staff, staff training, volunteers, and citizen participation.

407. *Policy Analysis and Policy Development.*
Robert Harris.
Urban Inst., Washington, D.C.
Nov 72, 13p
SHR-0002148 Pub. in Social Service Review v47 n3 p360-372 Sep 73.

Policy analysis is defined, the impact of policy analysis on the actual development of policy is assessed, and measures to improve the usefulness of policy analysis are identified. Policy analysis is considered to consist of research that defines a social problem, weighs alternative solutions and their implications, and makes possible recommendations. Two specific requirements are that the research must be conducted in a systematic manner by tools usually employed in system analysis and that analysis results must be applicable in the legislative and budgetary environment. Selected cases of major policy changes and policy changes of an incremental nature are reviewed to illustrate the linkage between policy analysis and policy de-

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velopment. The cases discussed are Medicare/Medicaid, the all-volunteer Army, and the family assistance plan (negative income tax plan for families with children). It is stated that policy analysis plays a vital role in the formulation of incremental policy shifts. Seven generalizations are offered with respect to the usefulness of policy analysis: (1) the analyst must be an advocate while still being objective; (2) making his work directly relevant is not easily within the power of the analyst; (3) an operational agency has an inherent bias against considering alternatives to itself; (4) the 'grand' policy analyst looks at alternatives to existing programs or at programs to deal with problems for which there are no programs; (5) the immediate political feasibility of policy implementation can be an inadequate criterion for the selection of policy analysis projects; (6) much policy analysis may have to be performed outside government; and (7) the analyst must stay with a problem for a significant amount of time. Earlier version presented at the meeting of the American Society for Public Administration, New York, March 23, 1972.

408. *Potential Impact of Developmental Disabilities Legislation (P.L. 94-103) and Regulations on Federal and State Planning and Evaluation Responsibilities.*
Donald E. Hawkins.
Department of Health, Education, and Welfare, Philadelphia, Pa. Office of the Regional Director.
24 Aug 76, 65p Executive Summary available from PROJECT SHARE.
SHR-0001407 Available from NTIS, PC $5.25/MF $3.00

The legislative and regulatory history of DHEW's Developmental Disabilities Program is examined. The report is intended to be used by consumers and the general public, State governors, State agencies, developmental disabilities councils, regional offices, university affiliated facilities, and the National Advisory Council on Services and Facilities for the Developmentally Disabled. The report's emphasis is on the effect developmental disabilities legislation will have on State policies and procedures. The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103), which became law in October 1975 and amended P.L. 88-164, makes available a range of strategies to meet the problems of developmentally disabled persons in terms of strengthening services and in safeguarding rights. The act authorizes appropriations for formula grants to States, grants for special projects, and grants for university-affiliated facilities. Formula grants are authorized to States for planning, administration, services, and the construction of facilities for developmentally disabled persons. The formula grant program operates through two primary mechanisms (a State planning council and designated State agencies). The act requires that DHEW reserve at least 25 percent of the amount appropriated for the special projects grant program to support projects of national significance. The legislative history of the Developmental Disabilities Program is reviewed. The role of States in the program is detailed. Recommendations concerning the effective implementation of P.L. 94-103 are made.

409. *Preparation of Human Service Professionals.*
Alan Gartner.
1976, 272p
SHR-0002191 Available from Human Sciences Press, 72 Fifth Ave., New York, NY 10011.

Similarities and differences in the training of professionals in the fields of medicine, law, social work, and education are explored. In recent years, preparation in those professions has emphasized the value of bringing worksite experience to the academic. In medical, legal, and teacher education, the student learns theory first and then has practical experience, but the student must comprehend on his own the relationship between theory and practice. It is sug-

gested that practical experience should take place simultaneously with the learning of theory, and this can be accomplished through the use of field faculty working in close harmony with students. In addition to learning at the practice site and in the college classroom, the simulated training site is another way to bridge the gap between theory and practice. The history of training in the human services professions is traced to show the demographic characteristics of the practitioners and the 'closed community' that has resulted. Even in 1971, one out of every three women college seniors who planned graduate study chose to continue in the field of education, while only three percent chose law or medicine. Professional autonomy may be the distinguishing characteristic of a profession, but current charges and concern on the part of the lay public account for a growing questioning of professional autonomy. An extensive bibiliography is provided.

410. *Providing Specialized, Coordinated Human Services to Communities: The Organizational Problem and a Potential Solution.*
W. Robert Curtis and Duncan Neuhauser.
Massachusetts Dept. of Mental Health, Boston.
9 Nov 74, 47p
SHR-0000467 Available from NTIS, PC $4.50/MF $3.00

Using the Executive Office of Human Services in Massachusetts as an example, an organizational design for providing specialized coordinated human services is presented. It is noted that organizing by functionally specialized divisions fails to provide coordinated and integrated services at the community level, while organizing by territory fails to promote information exchange, uniform standards, and cooperation among specialists working in different areas. The Executive Office of Human Services draws together several formerly autonomous specialized human services, including the Department of Welfare, the Department of Mental Health, the Department of Corrections, the Department of Public Health, the Division of Youth Services, and the Massachusetts Rehabilitation Commission. The existing organization of the office is described and illustrated, and its inability to deliver services while minimizing competition, duplication, isolation, and lack of coordination is cited. An organizational design for the office is proposed to maximize the positive aspects of organizing by territory and organizing by speciality. It encompasses a stacked matrix form of organization from centralized government to the community. Problems inherent in any reorganization effort are described. A bibliography is provided. Portions of this document are not fully legible.

411. *Public Social Policy and Families in the 1970's.*
Catherine S. Chilman.
Wisconsin Univ., - Milwaukee. School of Social Welfare.
1973, 11p
SHR-0002150 Pub. in Social Casework v54 n10 p575-585 Dec 73.

The implementation of public social policy and measures to insure its effectiveness are considered. It is felt that policies and programs designed to support family well-being should support the developmental needs of family members and, simultaneously, take into account the importance of and sensitivities in family relationships. The rising interest in public social policy, as evidenced in the development of a variety of family assistance programs tied to national family policies, is noted. It is postulated that public social policy should be based on the understanding that social problems and their resolution are related to each other and to the larger system of which society is a part (economic, political, and social subsystems of the societal universe). Social policy is defined as a process, and public policy is studied and discussed within the framework of the policymaking process. Factors affecting public

policymaking are identified, including the nature and structure of Federal, State, and local governments; the operation of special interest or power groups; processes by which legislation is developed and adopted, budgets constructed, appropriations passed, and programs administered; the inadequate development and input of scientific knowledge; the impact of group attitudes and values; and the resources and situation of the nation.

412. *Relationship of HSA Rural Capacity Building Activities to the Post NHI Era.*
Daniel Calvin and Allen Dobson.
Health Services Administration, Rockville, Md. Office of Planning, Evaluation and Legislation.
15 May 75, 189p Executive Summary available from PROJECT SHARE.
PB-249 715 Available from NTIS, PC $9.00/MF $3.00

Efforts undertaken in the United States and other countries to resolve rural health care problems are reviewed, and an attempt is made to devise a systematic approach to the provision of rural health care relevant to the concerns of DHEW's Health Services Administration. The service problem in rural areas is explored. It is pointed out that physician services are particularly underutilized and maldistributed. Two factors contributing to this underutilization are: (1) services in rural areas may be structured or located in a manner which prevents residents from placing effective demands upon available sources of supply; and (2) services in rural areas may be supplied in quantities insufficient to meet the needs of residents. Accessibility is identifed as the major problem associated with meeting rural health care needs. The impact of national health insurance in Canada, Finland, Denmark, and Germany is assessed. Actions taken to minimize health manpower and health service shortages in rural areas are described. The role of the National Health Service Corps in rural health care delivery is explored, and a model for increasing the utilization and redistribution of primary health care services in rural medically underserved areas is proposed. It is concluded that an optimal health care scheme for rural areas must maximize retention and self-sufficiency. Appendices contain additional information on trends in the supply and distribution of health manpower and National Health Service Corps utilization.

413. *Relationship of Mental Health Admission Rates and Other Selected Social Characteristics Among Twenty-Five Geographical Areas.*
Roger E. Rice and Gloria Fowler.
Los Angeles County Dept. of Health Services, Calif.
14 Apr 73, 15p
SHR-0001592 Available from NTIS, PC $4.00/MF $3.00

Selected characteristics of 25 geographical areas in Los Angeles County, Calif., were studied in relation to public mental health facility admission rates. Data were obtained on 3 mental health variables, 20 census variables, 7 public health morbidity variables, 8 public health vital statistics variables, and 3 probation department variables. An additional 10 mental health variables were examined which represented admissions to different treatment modalities for 1965, 1966, 1970, 1971, and 1972. The treatment modalities included county hospital inpatient admissions, county outpatient admissions, and rehabilitation/day treatment admissions. Intercorrelations of admission rates in different time periods indicated that rates among the 25 geographical areas were quite stable over time. It was determined that previous experience with both inpatient and outpatient admissions can be used to predict future need for services. The high intercorrelations between inpatient and outpatient admission rates may indicate that areas populated with people who have less serious mental health problems are also populated with more seriously disturbed individuals. In addition, the many significant intercorrelations between inpatient admissions to public

psychiatric hospitals and other social variables confirm previous findings that community symptoms of social disorganization are indicators of mental illness. The importance of poverty, unemployment, and education in mental health is demonstrated. Supporting data are tabulated, and a list of references is provided.

414. *Research, Demonstration, and Evaluation Studies: Fiscal Year 1976.*
Ray Rackley.
Office of Child Development, Washington, D.C. Research and Evaluation Div.
1976, 132p
SHR-0[illegible]2159 Available from ERIC Documt Reproduction Service, P.O. Box 19[illegible] rlington, VA 22210 as PS 008 941.

Descriptive information on research, demonstration, and evaluation projects of DHEW's Office of Child Development for fiscal year 1976 is provided. Priority long-range goals of the office relate to State capacity building, Head Start, child welfare, child abuse and neglect, day care, child care personnel, and child and family development. The research, demonstration, and evaluation program of the office is discussed. Capacity building in States is supported through the evaluation of large-scale program design experiments and the funding of demonstration projects to insure that States have access to the information needed in the design of delivery systems for children's services. Strengthening of the Head Start Program is supported through evaluation and experimental activities. The goal of improving child welfare services is supported through a number of activities to help vulnerable children, such as those in institutions, in foster care, or in need of adoptive homes. The goal of counteracting child abuse and neglect is supported through demonstration projects. Improving day care delivery systems is supported through various research and demonstration projects, while child care personnel training is primarily supported through evaluation activities. The enhancement of child and family development is supported by a wide range of research and demonstration studies dealing with children, families, and the environment. Specific projects funded in 1976 are detailed within the context of these goal areas.

415. *Role of the Social Worker in Family Medicine Training.*
Libby A. Tanner and Lynn P. Carmichael.
Miami Univ., Fla. School of Medicine.
1970, 7p
SHR-0002145 Pub. in Jnl. of Medical Education v45 n11 p859-865 Nov 70.

The role of the social worker in a family medicine training program at the University of Miami (Florida) School of Medicine is described. It is noted that the University of Miami's Division of Family Medicine has been involved since 1965 in the training of family physicians and was one of the first 3-year residency programs to be approved by the American Medical Association under the category of graduate training. In the program, a professionally trained social worker is an important member of the health team and is encouraged to operate flexibly in such broad areas as teaching, consultation, curriculum and policy planning, family life education, and research. Social work participation is primarily through the family medical clinic, a specially designed facility to provide care to a group of nonindigent patients who voluntarily choose to join the program. This participation takes many forms, including teaching conferences, curriculum planning and implementation, the provision of both direct and indirect services, and health services research. Direct services encompass taking social histories, family interviewing and counseling, short-term therapy, and home visiting. Indirect services involve consultation and referral.

416. *Roles for Social Work in Community Mental Health Programs.*
John B. Turner.
National Conference on Social Wel-

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fare, Columbus, Ohio.
Jun 75, 64p
SHR-0001256 Available from National Conference on Social Welfare, 22 West Gay St., Columbus, OH 43215.

This task force report focuses on issues in community mental health (CMH) that are relevant to the utilization of social workers. CMH manpower has experienced problematic stress because essential characteristics of CMH programs have created different program functions and activities. Both population coverage requirements and the need for services are greater than funding availability and create manpower shortages and the need to modify traditional ways of organization, and decisionmaking has increased role competition. The task force focused on two major perspectives: (1) original goals of CMH legislation, requirements for State plans, definitions of CMH, and criticisms of CMH programs; and (2) historical development of the missions of social work and what social workers do in relation to these missions. It was found: social workers are employed in significant numbers in all categories of CMH facilities; an insufficient proportion of social work manhours are spent in functions which seek to reduce the onset of social stress, promote CMH, educate the public and community caregivers, improve technology and delivery systems for community and after care, and improve technology and delivery systems for productive work with poverty and minority populations; the extent to which social workers include support system intervention as a service function is a result of the ideology and orientation of an agency; and there is inadequate technological and organizational sanction and support for service functions other than those involving treatment and care of the individual. It is concluded that there is an imbalance in the way social workers are utilized in CMH programs, and recommendations to improve this situation are offered. Supporting tabular data are appended.

417. *Safe Streets Reconsidered: The Block Grant Experience 1968-1975. Part B: Case Studies.*
Advisory Commission on Intergovernmental Relations, Washington, D.C.
Jan 77, 403p
SHR-0002001 Available from NTIS, PC $13.25/MF $3.00

Case studies of the experience of 10 States in implementing the Safe Streets Act of 1968 are presented. A comparative analysis of the act's administration at the State level is discussed. It focuses on State and local criminal justice planning (nature and scope of planning activities, decentralization versus centralization of planning responsibilities, comprehensive planning versus comprehensive funding, and representation and influence in the planning process), relationships between States and the Law Enforcement Assistance Administration, and State and local funding for Safe Streets activities (funding policies and priorities, continuation funding and assumption of costs, nature of the funding process, representation and influence in the funding process, and categorization of block grant funds). The 10 case studies in California, Kentucky, Massachusetts, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, and Pennsylvania illustrate different approaches to implementing the Safe Streets Act. They provide concrete examples of major issues and problems involved in the block grant approach, as well as methods employed to deal with problems. It is felt that the case studies help to demonstrate the impact of the Safe Streets program on the criminal justice system. Appendices contain the questionnaires used in the case studies and response rate tables.

418. *Second Analysis and Evaluation. Federal Juvenile Delinquency Programs. Volume I.*
Law Enforcement Assistance Administration, Washington, D.C. Office of Juvenile Justice and Delinquency Prevention.
1977, 172p Executive Summary avail-

able from PROJECT SHARE.
SHR-0002019 Available from National Criminal Justice Reference Service, PO Box 6000, Rockville, MD 20850.

Federal programs related to juvenile delinquency prevention and control are evaluated. The evaluation includes a description of the activities of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Institute for Juvenile Justice and Delinquency Prevention (NIJJDP), a profile of the Federal effort in delinquency prevention and control, an analysis and comparison of Federal planning requirements that States must fulfill to receive funds from Federal delinquency-related programs, and an inventory of 144 Federal programs. The functions of the OJJDP are described in terms of its two operating divisions, the Office of Operations and the NIJJDP. The Special Emphasis Program of the OJJDP, in which grants are made to public and private nonprofit agencies, organizations, and individuals to foster certain promising approaches for juvenile delinquency prevention and control, is discussed. The roles of the National Advisory Committee for Juvenile Justice and Delinquency Prevention and the Coordinating Council on Juvenile Justice and Delinquency Prevention are examined. Criteria developed to aid in the Federal effort related to juvenile delinquency prevention are given. They are concerned with four principal facets of Federal programs: program area, target group, fund recipient, and program activities. Expenditure data for juvenile delinquency programs are cited. The $42 billion figure for fiscal year 1976 represents an increase over the $39 billion in expenditures for fiscal year 1975. Expenditures for fiscal year 1977 are projected as $45.4 billion. State planning requirements for Federal programs related to juvenile delinquency are delineated. Appendices contain definitions of terms; the statement of criteria; Federal policies and objectives for delinquency prevention, treatment, and control; and a listing of regional and State offices administering Federal programs.

419. *Service and Values.*
William Hetznecker and Marc A. Forman.
Temple Univ. Health Sciences Center, Philadelphia, Pa.
1973, 14p
SHR-0002192 Pub. in Psychiatry v36 n3 p311-324 Aug 73.

It is postulated in this article that one significant aspect in human service delivery is related to failure or conflict of values. The statement is made that some of the problems of values reside in the individual character structure, some are conditioned by historical and sociocultural factors, and some are determined by immediate conditions. Values and belief systems are viewed as a primary means of individual and group commitment. Six propositions relative to values and human services are discussed: (1) gross and massive human need is not sufficient in itself to stimulate adequate response to alleviate that need; (2) institutions fail becuase people stop believing in what the institution stands for and what it can accomplish; (3) the service or care relationship has traditionally followed an authoritarian model; (4) professionals within the service fields tend to use service as a means to such ends as power, prestige, and status; (5) the term 'service' has been overinvested with a variety of associations and meanings, most of them negative; and (6) people may be looking toward service from public and private institutions to compensate for a lack of personal relationships and gratifications in significant areas of their own lives. It is concluded that human intention is the basis of care giving and care receiving.

420. *Services to People: State and National Urban Strategies. Part 1: Recommendations of an Interuniversity Study Team on State-Urban Role in Human Services.*
Georgetown Univ., Washington, D.C. Public Services Lab.
1973, 276p

420.

SHR-0002128 Available from NTIS, PC $11.00/MF $3.00

This study of intergovernmental relations in the delivery of human services has two parts, the first of which is presented in this volume. Urban intergovernmental relations in a number of States and cities are assessed in relation to the concept of fiscal federalism which is an attempt to return a greater measure of public service planning and programming to States and local governments. Strategies of DHEW programs for urban areas are evaluated. It is stated that the major urban impact of DHEW is felt as a consequence of the uniform application of national standards for social insurance programs and the uniform administration of welfare requirements to apply in accordance with statewide decisions. Consideration is given to welfare reform, federalism and the human services, and fragmentation and complex problems encountered by cities. Intergovernmental relations in the delivery of human services in Washington, Michigan, Illinois, Tennessee, Massachusetts, West Virginia, and Delaware are detailed. Fifteen recommendations to improve such relations are offered. Interview guides used to obtain information from State and city officials in the seven States are appended. See also part 2, SHR-0002129.

421. *Services to People: State and National Urban Strategies. Part 2: State Aids for Human Service in a Federal System.*
Selma J. Mushkin.
Georgetown Univ., Washington, D.C. Public Services Lab.
May 74, 310p
SHR-0002129 Available from NTIS, PC $11.75/MF $3.00

The second volume of this two part series deals with major issues in the emerging pattern of fiscal federalism as it affects urban communities and their capacity to produce and deliver human services. The concept of fiscal federalism seeks to return a greater measure of public service planning and programming to State and local governments. Nine articles on aid distribution and urban strategies and eight articles on the effectiveness and equity of education, health, and welfare programs are included. Topics addressed in the series of nine articles include: Federal approaches to intrastate grant allocation; urban needs and Federal funding; patterns in State aid distribution; wage rates, employment levels, and State and local government expenditures for health and education; urban programs in a Federal system; and regionalism within States. Subjects covered in the series of eight articles include: the implications of welfare reform for State and local fiscal relations; the status of and prospects for municipal retirement plans; public health; jurisdictional responsibility and meeting the human resource developmental problems of urban areas; the local delivery of child care services; and Federal funds for vocational education. See also part 1, SHR-0002128.

422. *Small Area Analysis: Developing Information on Social Conditions and Resources in Urban Neighborhoods. Volume 12.*
Larry Atkins.
Human Services Coordination Alliance, Inc., Louisville, Ky.
1977, 147p Executive Summary available from PROJECT SHARE.
SHR-0001969 Available from Human Services Coordination Alliance, 916 Brown Education Center, 675 River City Mall, Louisville, KY 40202.

This final document in the 12-volume series published by the Human Services Coordination Alliance (HSCA) is intended to help those charged with the responsibility for making decisions affecting a small area within a city. It is designed to be useful in the organization, research, and preparation of a report to serve as the basis for decisions affecting services. This manual shows how to do the following: outline the scope of a small area study; clarify its pur-

pose; locate appropriate data resources; collect data; obtain input from citizens and service providers; tabulate and analyze the data; and present the information to users. In data collection, the use of 'key informants' is preferred over a survey because informants have firsthand knowledge about the people in the area and their needs. After the researchers have developed their conclusions from an analysis of the data collected, they must then decide on the appropriate way to present the information. A technical report is more useful as a reference document than as a working tool, and a group decisionmaking technique is recommended as the best aid in eliciting a response to the findings. Appendices include: (1) a planning framework of service fields in a delivery system, (2) a list of availale census reports, (3) specific information about available demographic and agency operational data, and (4) descriptions of data tabulation, and statistical and graphic techniques. See also in the HSCA series Volumes 1-10, SHR-0001643—SHR-0001652; Volume II, SHR-0001968.

423. *Social and Economic Information for Urban Planning. Volume I: Its Selection and Use.*
Doris B. Holleb.
Chicago Univ., Ill. Center for Urban Studies.
1974, 210p
SHR-0001324 Available from NTIS, PC $9.25/MF $3.00

Social and economic information essential for urban planning is analyzed. The strategy for developing an urban information system includes: (1) a multipurpose, metropolitan-wide system of basic demographic and socioeconomic data, comparable for the metropolitan area as a whole and its components, and (2) selected sets of specialized data, organized expressly to illuminate self-defined local problems. The information may be used to describe the state or pattern of events, to probe the relationships of events, and to forecast and formulate ways of influencing future changes. The differences between 'target areas' and 'target populations' are important since the boundaries of planning districts are defined. Attempts must be made to identify coherent social areas or 'geographic communities' in order to delineate appropriate boundaries for development districts. It is possible to describe the patterns of settlement according to a few major socioeconomic factors which summarize the significant variables. These factors are charted on maps shown for the Chicago area. The appendices provide the following: a list of automatic data processing in municipalities; the Federal definitions of urban planning; the techniques of analysis of intrametropolitan patterns; the socioeconomic information used in community renewal program documents; and sample survey techniques. See also Volume 2, SHR-0001325.

424. *Social and Economic Information for Urban Planning. Volume II: A Directory of Data Sources.*
Doris B. Holleb.
Chicago Univ., Ill. Center for Urban Studies.
1974, 327p
SHR-0001325 Available from NTIS, PC $12.00/MF $3.00

A guide to help planners locate information relevant to urban issues has been assembled, and the city and environs of Chicago were chosen as the case study typical of a local metropolitan area. The distinction between standard, nationwide sources and specialized, local sources is indicated in 10 subject areas that cover municipal services. Data on housing ordinances, building codes, and zoning are found in the section on housing; street construction and repair data are listed under the subject of transportation; and police and fire protection material are included in the section on public safety. All data sources itemized in the source sections are presented in a format that includes the scope of geographic coverage, frequency of publication, and a description of the contents of the source.

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An index to data sources is given on each subject; for example, under the subject of health statistics, the following topics are covered: patient population, programs of service, available facilities, utilization of available hospitals, manpower utilization and standards, and Social Security programs. Appendices include the following: (1) a bibliography of general statistical sources dealing with urban government; (2) social and economic data from the decennial censuses of housing and population; and (3) a survey of sources concerning the urban negro American in the twentieth century. See also Volume 1, SHR-0001324.

425. *Social Service Unit Cost System.*
Welfare Research, Inc., Albany, N.Y.
1975, 27p
SHR-0002141 Available from NTIS, PC $4.50/MF $3.00

This annotated bibliography focuses on unit costs of social services. Many of the citations deal with cost accounting or cost analysis, while others pertain to time analysis. Four necessary elements in successful cost analysis are identified: a clear definition of a service and related service units, a procedure for work measurement, an adequate accounting system for allocating direct costs, and a methodology for combining the preceding three elements. In the Child Welfare field most of the citations come from the 1950's and early 1960's. A total of 70 bibliographic citations are categorized in terms of social services accounting (general information and background), social service units, cost accounting and time analysis in child welfare, and cost accounting and time analysis in general social services.

426. *Social Welfare Forum, 1976.*
National Conference on Social Welfare, Columbus, Ohio.
1977, 271p
SHR-0002178 Available from Columbia University Press, 136 S. Broadway, Irvington, NY 10533.

The proceedings of the 103rd annual forum of the National Conference on Social Welfare, held in Washington, D.C., on June 13-17, 1976, are presented in this book. The theme of the forum was advancing a humane society through the establishment of social, economic, and political institutions to serve the human interests and needs of the public. Particular attention was given to social welfare priorties in the bicentennial year in which the forum was held and an historical perspective on social welfare was presented. Liberty, social work, and public policy development were considered as was a framework for collaboration between the voluntary sector and the governmental sector in the area of social services. Other forum presentations pertained to the black population, a humanistic approach to human service integration, progress and poverty, affirmative action and job security, the economic independence of women, Asian Americans, the legal dimension of protective services for the elderly, national health insurance, paraprofessionals and preventive health care, sexual rights of retarded persons, and effective functioning for homosexuals and other sexual minorities. Appendices provide further information on the organization and delivery of human services and the structure of the forum. An index is included. Official proceedings, 103rd Annual Forum, National Conference on Social Welfare, Washington, D.C., June 13-17, 1976.

427. *Southern Health and Family Life Studies. Assessment of Needs: An Epidemiologic Survey. Volume I.*
Roger A. Bell and William Mellan.
Winter Haven Hospital, Fla. Community Mental Health Center.
May 74, 71p Executive Summary available from PROJECT SHARE.
SHR-0002086 Available from NTIS, PC $5.25/MF $3.00

Program evaluation is the topic of this report on needs assessment at the Winter Haven Hospital Community Health Center in Florida. Epidemio-

logical procedures and a detailed listing of clients who have utilized the service programs of an agency are associated with needs assessment. A program evaluation model is described that encompasses inpatient services, outpatient services, emergency services, partial hospitalization, and consultation and education. Known as the Schwab-Warheit model developed by the University of Florida to assess needs and service patterns within a community, the model conceptualizes social psychiatric impairment as a direct result of the recognition that all illness arises in a social setting and that it is culturally defined. Procedures involved in the model are detailed, with emphasis on the prevalence component and six scales that provide a normative description of the distribution of psychiatric symptomatology in a population. The six scales are the anxiety symptom scale, the mood scale, the anxiety function scale, the cognitive impairment scale, the phobia scale, and the general psychopathology scale. Interviews conducted with over 2,000 persons to validate these scales demonstrated their reliability, practicality, and utility. Examples of worksheets and other documents related to the development and testing of the model are appended. See also Volume 3, SHR-0002087.

428. *Southern Health and Family Life Studies. Outcome Appraisals Studies: Continuity of Care. Volume III.*
William A. Mellan and Roger A. Bell.
Winter Haven Hospital, Fla. Community Mental Health Center.
May 74, 65p Executive Summary available from PROJECT SHARE.
SHR-0002087 Available from NTIS, PC $5.25/MF $3.00

Outcome appraisal is discussed as one method of program evaluation, and its use in evaluating continuity of care at the Winter Haven Hospital Community Mental Health Center in Florida is examined. Outcome appraisal studies are designed to determine how effective a center is in assisting those who receive care. To measure four indices of continuity during four stages of treatment, the Bass instrument was developed. The indices included client movement or lack of movement as an appropriate response to treatment need, stability of the client-caretaker relationship, written and verbal communication among caretakers, and efforts to retrieve clients who appeared to be prematurely dropping out of treatment. Stages of treatement were entering the center and receiving essential direct services, transferring among the center's essential direct services, transferring to a medical facility while in treatment, and remaining in the same essential treatment service regime for a specified time period. Sections of the Bass instrument dealt with emergency and nonemergency admission and readmission, changes in treatment status, transfer to a medical facility, and unchanged treatment status. Data were obtained on about 400 clients involved in the four primary treatment services of emergency, inpatient, outpatient, and partial hospitalization and in consultation and education services. Because each service kept a separate case record on a client, the partial hospitalization service was underutilized, and there was a decreasing concern with continuity of care as clients moved from a service providing the most structure (inpatient) to the least structure (outpatient). It was recommended that case review procedures be implemented for a random selection of outpatient clients remaining in a service for 30 days or longer. A continuity of care inventory form and additional information and forms pertaining to the Bass instrument are appended. See also Volume 1, SHR-0002086.

429. *Special Transportation Services for the Elderly and Handicapped Demonstration Project-Baton Rouge, Louisiana.*
Chester H. McCall, Mary I. Olson and Harry I. Reed.
CACI, Inc.-Federal, Los Angeles, Calif.
Nov 76, 98p
PB-263 904 Available from NTIS, PC $6.00/MF $3.00

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A study was conducted in Baton Rouge, La., to demonstrate the feasibility of establishing a modern and cost-effective method of transportation for the elderly and handicapped by means of a specially designed system, separate from conventional public transit, but coordinated with the community's existing public transportation system. The special transportation system (STS) developed in the course of the demonstration project provided door-to-door, prescheduled pickup and delivery dispatched through a central control facility. In order to use the demonstration service, prescreened eligible elderly and handicapped persons were required to call the dispatch office and describe their trip requirements at least 1 day in advance. Characteristics of the project service area are highlighted in terms of demography and transportation for the elderly and handicapped. A chronology of the events which resulted in the STS project are described, including initial planning and subsequent operation. Problems encountered and actions taken to resolve these problems are noted. Basic data collected during the project are presented, and data sources are identified. The data are discussed in relation to clients, trips, and STS capital and operating costs. It is concluded that the STS increased client independence and mobility. Appended materials include selected STS operating forms, a typical operator's schedule and a client survey instrument.

430. *State Intervention on Behalf of 'Neglected' Children: A Search for Realistic Standards.*
Michael Wald.
Institute of Judicial Administration, New York.
1975, 56p
SHR-0002189 Pub. in Stanford Law Review v27 n4 p985-1040 Apr 75.

Guidelines for State intervention to protect neglected children whose parents are unwilling to protect them are delineated. It is the thesis of the article that a reappraisal of the neglect jurisdiction of juvenile courts is necessary. The extent to which standards governing coercive intervention should embody the historic preference for parental autonomy in child rearing is explored. Alternative views of the State's role in child rearing are considered, along with the justification of parental autonomy and removal versus nonremoval of a child from his or her family. Criteria for deciding when coercive State intervention is justified in the case of neglected children are developed. The principles of intervention are discussed. Types of harm to be included in a definition of neglect are identified as physical abuse, inadequate protection of physical well-being, emotional neglect, inadequate parenting, sexual abuse, failure to provide medical care, aberrant child rearing practices or undesirable lifestyles, and contributing to delinquent behavior. It is felt that overintervention is a greater problem than underintervention and that more knowledge about child development and appropriate services should be acquired. An appendix contains proposed standards for court intervention.

431. *Study of the Advisory Structure of the Department of Health and Social Services.*
Bradford Matsen.
Alaska State Dept. of Health and Social Services, Juneau. Office of Planning and Research.
Jan 77, 42p
SHR-0002076 Available from NTIS, PC $4.50/MF $3.00

Structural aspects of advisory boards, councils, and committees of the Alaska State Department of Health and Social Services are examined. Historical developments in the establishment of the advisory structure are reviewed. Through the review, comment, and recommendation process, advisory bodies assure a high degree of fairness and equitability in the department's funding of local programs. Overall departmental policies focus on the need for community participation and, where possible, on the control of human

service delivery. Advisory bodies assist in the identification of research needs and gaps in services and focus on special issue anlysis. They serve a public relations function with respect to specific health and social service concerns. From a broader perspective, they act as a governmental link between the general public and State government. Advisory body costs are analyzed for such expenditures as rental space for meetings, travel expenses for advisory body members and staff, per diem expenses for advisory body members and staff, cost of professional and clerical staff time for preparation and followup, and staff participation time. Estimated costs for seven State advisory bodies for fiscal year 1975 were $150,300. The results of a survey of advisory body members are presented. The survey dealt with roles and goals, staff performance, the relationship of the advisory body to the department, the relationship of the advisory body to the State legislature and Federal Government, the composition of the advisory body membership, personal aspects, the plenary council, and the functioning of the advisory body. With primary attention focused on the issues of cost, communication, and coordination, it is concluded that a standing committee composed of chairpersons of the various advisory bodies should be established to improve communication and coordination. Appendices contain a chart of advisory body characteristics and the advisory body survey questionnaire.

432. *Sub-State District Systems.*
Council of State Governments, Lexington, Ky.
Sep 71, 52p
SHR-0002070 Available from Council of State Governments, P.O. Box 11910, Lexington, KY 40511.

This report deals with the effectiveness of substate districts as structures through which locally elected officials can coordinate the use of Federal, State, and local resources in solving areawide problems. Although substate districts are essentially aggregates of local jurisdictions, the role of State governments in their creation and maintenance is significant. Unique capabilities of State governments are the designation of district boundaries, the enactment of enabling legislation, and the provision of needed financial and technical support. Multijurisdictional coordination is the focus of the Intergovernmental Cooperation Act of 1968 and the Office of Management and Budget Circular A-95. It is pointed out that the proliferation of Federal areawide programs and requirements tends to fragment local leadership and result in overlapping and duplicate efforts. Coordinative vehicles provided by States are identified as: extraterritorial powers, intergovernmental agreements, the urban county/federation concept, areawide special-purpose districts, city/county consolidation, the transfer of functions to State governments, and voluntary councils of elected officials and councils of government. The primary objectives of substate districts are to coordinate local planning, to align federally initiated areawide programs, and to establish uniform districts for planning and/or delivering State government programs. The advantages of a substate district system are enumerated, and summaries of substate districting plans by States are included.

433. *Survey of Perceived Needs for and Obstacles to Service Integration.*
Harbridge House, Inc., Boston, Mass.
1971, 64p
SHR-0002151 Available from NTIS, PC $5.25/MF $3.00

Survey procedures to assess the perceived need for and advantages of integrating State and local services assisted by DHEW programs, particularly those of the Social and Rehabilitation Service, are detailed. The purpose of the survey is to determine whether and why service integration is or is not needed; what obstacles impede the achievement of service integration, including administrative, legal, political, fiscal, planning, attitudinal, and behavioral constraints; and what measures can be taken to

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eliminate obstacles, including waivers and joint funding, earmarking of funds, extension of purchase-of-service authority, and mechanisms such as block grants and revenue sharing. Methods of achieving service integration will be considered according to the categories of organization and management, legislation and administration, and delivery processes. Preferred configurations of service integration will be the rationalization of single-purpose programs, the concentration of programs in disadvantaged areas, the integration of key core and administrative services, emphasis on target groups, and the integration of key human resource services. Results to be achieved through service integration will be evaluated in terms of their comprehensiveness, quality, quantity, and efficiency. Selection criteria for the survey sample and data collection instruments are described. The work plan for the second phase of the effort includes a pilot survey, a field survey, and the tabulation and analysis of questionnaire data. Exhibits contain additional information on survey procedures and an interview guide.

434. *Systems Approach to the Provision of Social Work Services in Health Settings: Part 2.*
Martin Nacman.
Strong Memorial Hospital, Rochester, N.Y. Social Service Dept.
1975, 11p
SHR-0002243 Pub. in Social Work in Health Care v1 n2 p133-143 Winter 1975.

Impediments to effective social work in hospitals are examined in this article, the second part of a 2-part presentation. A structural-functional model is employed to explore the position of social work in the health setting. The model focuses on the effect of the health organization and the social worker on each other. Social work performance in hospitals is influenced by the attitudes of physicians and administrators who have a great deal of power and this factor tends to prevent social work from realizing its full potential. Two other impediments are the lack of initiative on the part of social workers to improve their image and status and the division of hospitals into two separate systems, one with a biochemical-physical orientation and the other with a psychosocial orientation. Further, improvements in social and organizational programs and the delivery of services have not kept pace with technological advances in the health sciences. The potential for change in hospitals is affected by at least three factors: (1) organizations must change in order to survive; (2) power groups external to hospitals are pressuring hospitals to become more responsive to and respectful of patient rights; and (3) internal power structures of hospitals are in a state of flux. In order for social workers to improve their status and obtain resources to carry out the proposed systems approach, they must learn how power is distributed and how to develop and apply power in a systematic manner. Areas for increased social worker involvement and visibility are delineated. See also Part 1, SHR-0002242.

435. *Systems Dilemmas of a Community Health and Welfare Council.*
Frank Baker, Anthony Broskowski and Ruth Brandwein.
Harvard Medical School, Boston, Mass.
Jul 72, 18p
SHR-0002116 Pub. in Social Service Review v47 n1 p63-80 Mar 73.

The theoretical perspective guiding an open system analysis of community health and welfare councils is discussed, and major dilemmas encountered by such councils are identified. The council is viewed as an organization whose operation can be best studied in the context of its environment, i.e., as an open system. Emphasis, in the open system concept, is placed on the interrelatedness of the organization and its environment and on internal interdependency and adaptive processes enabling an organization to cope and survive. The ability of an organization to adapt effectively to its environment, however,

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is limited by external constraints beyond its control, a lack of resources, and the inadequate organization of available internal resources to act on environmental feedback. Five open system dilemmas are explored: (1) boundary control versus boundary permeability; (2) variety versus homogeneity; (3) differentiation versus integration; (4) input versus output constituencies; and (5) proactivity versus reactivity. It is pointed out that these system dilemmas are interdependent in their effects.

436. *Toward Master Social Indicators.*
Stanford Research Inst., Menlo Park, Calif. Educational Policy Research Center.
Feb 69, 58p
SHR-0001242 Available from NTIS, PC $5.25/MF $3.00

An approach to the derivation of master social indicators is outlined, with master or global indicators viewed as those which reflect conditions in major areas of human concern. A heuristic model for categorizing indicator concepts is described. It indicates how low-level indicators may possibly be aggregated into master indicators within a hierarchically organized scheme composed of two major elements, one element relating to the individual and the other element relating to the social system. Interrelationships among goals, indicators, and attainment levels are explored. An attempt is made to show that values are an essential part of any indicator system and that they can be hierarchically ordered. Tables are presented for use in constructing two-dimensional matrices for the individual and the social system. Attainment categories are listed for the following master social indicators: health; opportunity; environment; standard of living; public safety; learning, science, and culture; and democratic values. It is shown that it is not possible to assess where the nation stands in the attainment spectra or to interpret attainment in terms of global quality of life or quality of society measures. Key considerations in the development of a comprehensive national social data system are addressed. A list of references is provided.

437. *Training in Area Planning on Aging.*
University of Southern California, Los Angeles. Ethel Percy Andrus Gerontology Center.
1974, 123p
SHR-0000972 Available from NTIS, PC $6.50/MF $3.00

The Training in Area Planning on Aging (TAPA) Project conducted in response to Title III of the 1973 Older Americans Comprehensive Services Amendments is detailed. The project covered the period from August, 1973 through August, 1974 and involved four 1-week seminars for staff members of area agencies on aging from 19 States and Pacific Island jurisdictions in DHEW Region VI, Region VIII, Region IX, and Region X. Attending the seminars were 156 area agency on aging staff members, 58 State agency staff members, 21 Federal officials, and 15 university guest participants. In addition to conducting seminars, the project also promoted and assisted a series of supplemental followup training events and the distribution of training materials. A 5-month planning process in the field was initiated to determine needs and priorities for short-term training, to develop training materials, and to recruit appropriate trainers and trainees. An evaluation of the TAPA Project showed that it was particularly successful in providing a wide body of introductory information and experience useful to practitioners in planning by area and State agencies for indepth training events, improving peer exchange among area and State agencies, identifying problems and solutions in the communication flow between agencies, modeling planning and traning techniques, and building in a multiplier effect (extending the impact of training beyond the actual seminars). Recommendations for the improvement of training efforts are offered. The content of seminars is detailed. Appendices contain additional information on the TAPA Project.

438. *Transportation for the Elderly and the Handicapped in Wisconsin.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Oct 76, 24p
PB-264 373 Available from NTIS, PC $4.00/MF $3.00

The Wisconsin Department of Transportation completed a statewide study of transportation for the elderly and the handicapped, and the findings and conclusions presented in the seven study reports are contained in this summary report. Individual reports focus on the following topics: (1) specialized transportation service providers serving the elderly and the handicapped; (2) development of a statewide service directory listing, by county, the 299 specialized transportation service providers; (3) methods and materials used in the conduct of the overall study; (4) preparation of a bibliography on the mobility of the elderly and the handicapped; (5) transportation survey of licensed nursing homes and residential care facilities; (6) the potential demand for transportation services by elderly and handicapped citizens; and (7) barriers that discourage or actually prohibit the elderly and the handicapped from achieving a satisfactory level of mobility. Graphic illustrations are presented of the major findings of the statewide study. A specialized transportation industry exists in Wisconsin to serve the elderly and the handicapped, although the demand for accessible and low-cost transportation exceeds the supply. Inadequate funding to meet operating costs was the major service provision problem cited by providers of specialized transportation services. It is recommended that further study be conducted to assist the State of Wisconsin in meeting the mobility needs of its elderly and handicapped citizens. See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 6, SHR-0020160; Report 7, SHR-0020185.

439. *Transportation for the Elderly and the Handicapped in Wisconsin. Report 1: Analysis of Specialized Transportation Services.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Jul 76, 110p
PB-264 374 Available from NTIS, PC $6.50/MF $3.00

Specialized transportation services for the elderly and the handicapped in Wisconsin were surveyed. Out of a total of 430 agencies sent questionnaires, 299 provided specialized transportation services and served 39,000 persons on a monthly basis. Special questionnaires were also distributed to licensed nursing homes and residential care facilities and to the University of Wisconsin and private 4-year colleges and universities. Survey findings were analyzed according to four major categories: user, operation, finance, and service needs and problem characteristics. Most clients served were 60 years of age and over and resided in private homes and the majority were handicapped with mental or ambulatory disabilities. Transportation was provided to most clients on a demand-responsive, door-to-door basis, with vehicles either directly owned or contracted by service providers. The trip distance was usally less than 10 miles for medical, shopping, recreational and social, or nutritional purposes. The annual cost of operations for all service providers totaled $4.4 million. Seven existing transportation service needs were identified: public funds for operating expenses, additional vehicles, public funds for equipment acquisition, coordination of services with other agencies, improved transportation planning, equipment for the handicapped, additional services for the handicapped, and improved operations by existing agencies. Supporting tabular data are appended. The survey instrument is included. See also Report 2, SHR-0020183; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 6, SHR-0020160; Report 7, SHR-0020185; Summary Report, SHR-0020181.

440. *Transportation for the Elderly and the Handicapped in Wisconsin. Report 2: Statewide Services Directory.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Aug 76, 19p
PB-264 375 Available from NTIS, PC $4.00/MF $3.00

This report contains a statewide listing of 299 specialized transportation service providers serving the elderly and the handicapped in Wisconsin. Specialized service providers are identified by county and according to the major target group (elderly or handicapped) that each provider serves. The listing contains a variety of organizations, including medical facilities, academic institutions, human service providers, private profitmaking agencies, and volunteer service groups. A total of 430 possible service providers were surveyed by the Wisconsin Department of Transportation, with the assistance of its Highway Division District Offices, area agencies on aging, the Department of Health and Social Services, and local and regional planning agencies. It was found that 299 agencies were actively providing transportation services to elderly and handicapped citizens on a regular basis as of March, 1976. See also Report 1, SHR-0020182; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 6, SHR-0020160; Report 7, SHR-0020185; Summary Report, SHR-0020181.

441. *Transportation for the Elderly and the Handicapped in Wisconsin: Report 3. Study Methodology.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Jul 76, 140p
PB-264 376 Available from NTIS, PC $7.25/MF $3.00

Methods and materials employed in the conduct of a statewide study of transportation services for the elderly and handicapped in Wisconsin are reported. Four tasks were encompassed by the study: (1) to develop a comprehensive statewide inventory of all paratransit systems serving the elderly and handicapped; (2) to develop a methodology for urban areas having both general public transportation and specialized systems serving the elderly and handicapped for measuring the extent of coordination between the two types of services, the costs and benefits of maintaining separate systems, and the degree to which each system meets the transportation needs of the elderly and handicapped; (3) to apply the methodology developed in the second task to specific urban areas, in cooperation with local and regional agencies responsible for transportation planning and programming activities; and (4) to monitor and evaluate the performance of all paratransit systems established under the 16(b)(2) program of the Urban Mass Transit Administration. Procedures followed in the inventory of resource agencies involved in programs for the elderly and handicapped are detailed, along with the paratransit system identification process, the development of survey procedures and the questionnaire, the assessment of identification information, and the tabulation of survey data on the paratransit system. The approach taken in the development of recommendations, based on the survey findings, is described. See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 6, SHR-0020160; Report 7, SHR-0020185; Summary Report, SHR-0020181.

442. *Transportation for the Elderly and the Handicapped in Wisconsin: Report 4. Bibliography.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Nov 76, 17p
PB-264 377 Available from NTIS, PC $4.00/MF $3.00

The preparation of this bibliography was part of a study effort initiated by the Wisconsin Department of Transportation to develop a compre-

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hensive statewide inventory of paratransit systems serving the elderly and handicapped. Most of the citations on mobility for the elderly and handicapped refer to publications dated after the Urban Mass Transportation Assistance Act of 1970. This act established national policies relating to the provision of transportation services for elderly and handicapped citizens. Most of the approximately 150 citations are drawn from literature in the field of transportation planning rather than from literature in the medical fields of mental hygiene, vocational rehabilitation, and gerontology. See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 3, SHR-0020158; Report 5, SHR-0020184; Report 6, SHR-0020160; Report 7, SHR-0020185; Summary Report, SHR-0020181.

443. *Transportation for the Elderly and the Handicapped in Wisconsin. Report 5: Survey of Nursing Homes and Residential Care Facilities.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Oct 76, 34p
PB-264 378 Available from NTIS, PC $4.50/MF $3.00

A questionnaire was mailed to 506 licensed nursing homes and 33 residential care facilities not affiliated with nursing homes in Wisconsin to obtain information on transportation services for the elderly and the handicapped. Of the 539 facilities surveyed, 384 or 71 percent completed and returned the questionnaire. A total of 340 facilities were actively providing transportation services as of January, 1976. They served approximately 12,000 persons on an average monthly basis. Only 27 of the 340 facilities provided transportation services to nonresidents or nonusers of the facilities. The 12,000 persons represented 33 percent of the aggregate bed capacity at the 340 facilities. Most of those transported on a monthly basis were 60 years of age and older and this same age group comprised the bulk of facility residents transported who had handicaps causing a transportation problem. All age groups had a high percentage of handicapped persons. Transportation services directly controlled by the responding facilities transported 83 percent of the people served. A strong tendency for direct agency control over transportation services was observed. This may have been due to the inability to contract appropriate transportation services to meet facility needs or to the desire to maintain direct control and flexibility in transportation services. Tabular data summaries by State district are provided. See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 6, SHR-0020160; Report 7, SHR-0020185; Summary Report, SHR-0020181.

444. *Transportation for the Elderly and the Handicapped in Wisconsin: Report 6. Potential Demand for Services.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Aug 76, 54p
PB-264 379 Available from NTIS, PC $5.25/MF $3.00

As part of a statewide study of transportation for the elderly and handicapped, the Wisconsin Department of Transportation surveyed agencies providing transportation to these individuals. In order to compare supply with demand for transportation services, a model to estimate demand was developed. Objectives of the model were to calculate the size of the potential market of elderly and handicapped persons, to identify the number of elderly and handicapped persons being served, and to provide the department and other agencies with data for assessing program needs and evaluating program proposals involving State or Federal financial assistance. Components of the subgroup demand index model include an immobility factor, the potential market, and the weighted potential market (composed of the potential market and the potential market minimum). The application of the model to each of Wisconsin's 72 counties

is detailed, and supporting tabular data are provided. It is concluded that the potential demand market consists of approximately 473,000 elderly persons (123,000 below the poverty level) and approximately 121,000 nonelderly handicapped persons (17,000 below the poverty level). See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 7, SHR-0020185; Summary Report, SHR-0020181.

445. *Transportation for the Elderly and the Handicapped in Wisconsin. Report 7: Mobility Barriers to the Elderly and the Handicapped.*
Wisconsin Dept. of Transportation, Madison. Div. of Planning.
Sep 76, 33p
PB-264 380 Available from NTIS, PC $4.50/MF $3.00

Vehicular and environmental barriers faced by elderly and handicapped citizens in Wisconsin were investigated in a statewide study of transportation for the elderly and the handicapped initiated in 1975. Seven specific types of barriers were identified: economic, educational, institutional, operational, physical, psychological, and service availability barriers. It was found that the 594,000 elderly and handicapped citizens in Wisconsin, or 13 percent of the State's 1970 population, had common mobility attributes and problems in relation to existing transportation services in Wisconsin. Barriers impeded the mobility of these persons in both urban transit service areas and nontransit areas of the State. The information on mobility barriers is intended to serve as a basis for local planning efforts to develop and evaluate strategies for the reduction or removal of barriers. See also Report 1, SHR-0020182; Report 2, SHR-0020183; Report 3, SHR-0020158; Report 4, SHR-0020159; Report 5, SHR-0020184; Report 6, SHR-0020160; Summary Report, SHR-0020181.

446. *Transportation for the Elderly: The State of the Art.*
Institute on Public Administration, Washington, D.C.
Jan 75, 167p Executive Summary available from PROJECT SHARE.
HRP-0015165 Available from NTIS, PC $8.00/MF $3.00

Findings from a study of transportation for the elderly, conducted by the Institute of Public Administration under a grant from the Administration on Aging, DHEW, are reported. The study involved a literature review and case studies of 12 projects aimed at improving transportation for the elderly. The report opens with a review of the purpose, background, and methodology of the study, followed by an overview of transportation-related problems confronting the elderly. An analysis is then presented of transportation services for the elderly, including public transit reduced fare programs, taxi use, special transportation systems, the use of school buses, the potential for using Department of Defense vehicles to serve the elderly, the use of personal automobiles, and walking. Problems specific to public transportation for the elderly are identified, including the lack of public transportation systems in rural areas, the unresponsiveness of urban systems to the needs of the elderly, the work trip orientation of public transit systems, the lack of personalized flexible services, the lack of vehicles, and travel barriers. Problems that affect special systems for the elderly are identified in the areas of funding and continuity (Federal, State, local, and private sources), coordination, and lack of linkages between social service delivery and transportation expertise. Problems in personal transportation include unavailability of funds for purchasing an automobile, reluctance to drive, licensing problems, and insurance problems, as well as environmental barriers encountered by elderly pedestrians. Supporting data and recommendations are included.

447. *United Services Agency Evaluation Project: Process Evaluation Report, 1974-1975.*
Joe A. Miller and David L. Paulsmeyer. Pennsylvania State Univ., University Park. Center for Human Services Development.
1975, 154p Executive Summary available from PROJECT SHARE.
SHR-0000697 Available from NTIS, PC $8.00/MF $3.00

The United Services Agency (USA), which was authorized under the Social Security Act Title-XI, s.1115, as a demonstration project in social services integration, was the administrative mechanism that served to integrate services in Luzerne and Wyoming Counties, Pennsylvania, after Hurricane Agnes. A process evaluation for the project's five operative multiservice centers focused on three goals: project management and administration, operation of integrated social services delivery, and formation of project-community relationships. A total of 120 informant interviews were conducted with central USA staff. Staff members, the directors and staff members in each center and members of USA's central citizens' advisory committee, and 35 members of the local citizens' advisory committees completed questionnaires. Findings from a consumer survey showed that consistent case monitoring, involving review and possible adjustment of service plans, was not being implemented. A predominance of service provision by income maintenance workers at the centers was attributed to a lack of consumer movement from income maintenance to the generic service sectors. One of the achievements of the USA was the establishment of working relationships with the community mental health centers, and a sample agreement between USA and a mental retardation center is included. Charts show opinions of persons interviewed regarding the progress of the training project in achieving service delivery objectives and management organization objectives. It was suggested that the project arrange funding with the County Commissioners. USA management use of the Central Advisory Committee was assessed. Third in a series of process evaluation reports on the United Services Agency.

448. *Unmet Social Service Needs in Skilled Nursing Facilities: Documentation for Action.*
Lu Pearman and Jean Searles.
Ebenezer Society, Minneapolis, Minn.
1976, 14p
SHR-0002161 Pub. in Social Work in Health Care, v1 n4 p457-470 Summer 1976.

Skilled nursing facilities in Hennepin County, Minn., were surveyed to measure 21 specific social services in five general categories of services. The objectives of the survey were to: provide data on the number, educational background, and length of employment of social service staff; provide a measure for the ongoing assessment of social service delivery for practitioners and administrators in long-term care facilities; identify existing social service needs for institutions educating and training professionals for long-term care facilities; and provide a data base for the Minnesota Department of Health, State and Federal legislators, and community agencies to facilitate their response to social service needs in long-term care facilities. The five categories of services measured were social services: to residents, to families or interested persons, to staff, in policy development, and in community agencies. Interviews were conducted with skilled nursing home administrators and/or social work staff, over a 5-week period. Survey findings confirmed the increasing utilization of qualified social workers in skilled nursing facilities. Over 50 percent of the facilities had full-time social work staff, and about half of this number had acquired their staff within the last 2 years. Individual social services varied considerabley in terms of a trichotomy of understanding, performance, and satisfaction. The findings reflect the need for affirmative action in professional education and public information regarding the elderly. Supporting data are provided.

449. *Using the BSW to Deliver Health Related Social Services in Rural Areas.*
Joseph Davenport and Judith Ann Davenport.
Mississippi State Univ., Starkville. Dept. of Social Work.
Jul 77, 16p
SHR-0002979 Available from NTIS, PC $4.00/MF $3.00

The effective delivery of health-related social services in rural areas by persons with a bachelor's degree in social work is explored. The social work program at Mississippi State University is described briefly. Students are required to complete 21 to 27 hours in language and humanities, 12 to 14 hours in math and/or science, 3 hours in fine arts, and 27 hours in the social sciences. They must also complete 6 hours of human growth and development electives, 6 hours of research methods and statistics, and 3 hours of social problems or marriage and the family. Field work students are placed in a variety of settings, depending primarily on their career interests. The Family and Individual Health Counseling Agency was created and administered by the university's social work department, and agency services were provided in an area characterized as rural to nonmetropolitan. Health problems addressed by the agency, as identified by physicians, county health workers, and community action groups, were categorized as follows: lack of knowledge about preventive health care, lack of knowledge about available health resources, inability to utilize existing resources, and problems in following medical advice. Services designed to overcome these obstacles to quality health care included outreach to identify needs, counseling and health education, facilitating the use of existing resources, providing transportation, and aftercare following medical treatment. A case study drawn from the records and experiences of several social workers in the agency is cited. It is concluded that the model for delivering health-related social services developed by Mississippi State University is viable for any rural area. A list of references is provided. Presented at the National Inst. on Social Work in Rural Areas (2nd), Madison, Wisc., July 29, 1977.

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450. *Utilization of Subjective Goals and Criteria for Allocating Resources for Social Services.*
Dan Rubenstein, Harry W. Burgess and William W. Swart.
Syracuse Univ., N.Y. School of Social Work.
1974, 21p
SHR-0000918 Available from NTIS, PC $4.00/MF $3.00

A methodology is described which was used by a representative committee of citizens of Charleston, West Virginia to rank social, health, and recreational programs in order to determine how United Fund resources should be distributed. One of the fundamental concepts underlying this methodology is goal satisfaction, and, once organizational goals are selected, a set of measures is developed to reflect how each proposed program meets its goals. These measurements provide a basis for: determining program funding priorities, establishing the specific program needs of the community, and providing feedback to other social welfare agencies to help them plan their programs effectively. The goals proposed by the United Way of America Services Identification System were redefined to make them pertinent to the community organizations in question. Because these goals were too vague, each goal was partitioned into mutually independent subgoals. Weights are assigned to the goals according to their importance by citizens and the sum of the goal weights equals the totality of social good. The evaluation of a given program against each criteria is on the basis of the impact each program would have on the determinant of community need represented by that criteria. It is pointed out that this procedure does not attempt to minimize the value and effectiveness of procedures involving surveys, data collection, and more expansive community participation. This procedure can complement more elaborate procedures. It is not a resource allocation methodology, but an evaluation of the order of priority of programs requesting funding. References are included.

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